S. No. 2
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FILED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1970

Registration District No. 93 Primary Registration District No. 4055 Registrar's No. 1

13 0 0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Caldwell,
(b) City or town Braymer, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City of Braymer, ~~-Davis Township~~, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Past 43-years.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Missouri, (b) County Caldwell
(c) City or town Braymer,-Davis Township (If outside city or town limits, write "RURAL")
(d) Street No. City Of Braymer, (If rural, give location)
(e) If foreign born, how long in U. S. A.? All Her Life years.

3. (a) PRINT FULL NAME Anna N. Dalbey,
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James R. Dalbey,
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased May,-23-1855, (Month) (Day) (Year)
8. AGE: Years 85 ~~85 84~~ Months 7 Days 20 If less than one day hr. min.
9. Birthplace Mercer County, Penna., (City, town, or county) (State or foreign country)
10. Usual occupation House Wife,
11. Industry or business House Keeping,
MOTHER FATHER
12. Name J. Ward Rogers,
13. Birthplace Not Known, (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Adaline McCoy,
15. Birthplace Not Known, (City, town, or county) (State or foreign country) 9
16. (a) Informant E. C. Dalbey,
(b) Address Kansas City, Mo.
17. (a) -Burial,------ (Burial, cremation, or removal) (b) Date thereof Jan. 15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery
18. (a) Signature of funeral director E. R. Michael
(b) Address Braymer, Mo.
19. (a) Jany 15, 1941 (Date received local registrar) (b) H. H. Parrison (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 13th 8 year 1941 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 3, 1940, to Jan. 1, 1941; that I last saw h. alive on Jan. 12, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Cancer, liver
Due to Type undetermined
Due to
Other conditions (Include pregnancy within 3 months of death) 46 f
Duration Unknown
Major findings: Of operations ✓
Of autopsy ✓
PHYSICIAN
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following: ✓
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. R. Wood Sec (M. D. or other)
Address Braymer Mo Date signed 1/15/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ----------, Registered Apprentice No. ----------, working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.