

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3513

State File No. _____

Registration District No. 594

Primary Registration District No. 7852 5 78X12 Registrar's No. 2

7000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Montgomery Co.
(b) City or town Bluffton, Mo. RFD
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna America McMahan,
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J.B. McMahan, 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Jan 2nd 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 27 hr. min.

9. Birthplace Near Americus, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business _____

MOTHER FATHER { 12. Name Rubin Snethen,
13. Birthplace Rhineland, Mo.
14. Maiden name Luinda Sallee,
15. Birthplace Danville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant A. A. McMahan
(b) Address Bluffton Mo

17. (a) Burial (b) Date thereof Jan 30th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Parsons
(b) Address Americus, Mo.

19. (a) Jan 30-41 (b) Nana Lee Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Bluffton, Mo. RFD
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 29
year 1941 hour 6 minute 0 A. M.
21. I hereby certify that I attended the deceased from July 1
1940, to July 19, 1941;
that I last saw her alive on Dec 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal neoplasia (chronic)
Due to Hypertension
Due to 12/10
Other conditions Sensitizy
(Include pregnancy within 3 months of death)

Duration

2 yr

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?
5214

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature O. R. Renschelbach (M. D. or other) 0
Address Rhineland Mo Date signed 1-29-41

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.

(This body was not Embalmed)

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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.