No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8387

FEB MAR 19 1940

Registration District No. 834 Primary Registration District No. 6097 Registrar's No. 6

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

3
0
0

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Painton - Pike Tnp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Painton - Pike 103
(If outside city or town limits, write "RURAL")
(d) Street No. 0 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELLA MAY ANNIS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 8 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 40 min.

9. Birthplace Painton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Chas. Fred. Annis
13. Birthplace (City, town, or county) Ill. (State or foreign country)
14. Maiden name Dora Ida. Miller
15. Birthplace (City, town, or county) Miss (State or foreign country)
16. (a) Informant Fred Annis
(b) Address Painton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Perkins
18. (a) Signature of funeral director none
(b) Address
19. (a) 2-9-1941 (Date received local registrar) (b) D S McGee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1941 hour 4 minute 25 P. M.
21. I hereby certify that I attended the deceased from Feb. 8, 1941 to Feb. 8, 1941; that I last saw her alive on Feb. 8, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	
Due to Breech presentation	
Due to Difficult Labor	
Other conditions (Include pregnancy within 3 months of death) 160 C	

Major findings:
Of operations
Of autopsy No.

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? 150 (Specify type of place)
While at work? (e) Means of injury
23. Signature John Wilson (M. D. or other) 0
Address Bloomfield Mo. Date signed 2/9/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 341-36
Date Filed 3/11/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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