

2
3-40
39
K23159

Registration District No. 378

Primary Registration District No. 4322

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Howard,

(b) City or town Fayette,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fayette, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Own home
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard **45-**

(c) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL") **1**

(d) Street No. - - -
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Dora Melvina Annin,

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 Charles E. Annin 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 7th 1880
(Month) (Day) (Year)

| | | | | |
|-----------|-------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| 61 | | 4 | 6 | hr. min. |

9. Birthplace Illinois, /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Daniel Duvanall

13. Birthplace Illinois, /
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Harden,

15. Birthplace Illinois, /
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Annin,

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 7-15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City emetary,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 7-14-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 11:10 minute _____ M.

21. I hereby certify that I attended the deceased from 7-10-41
_____, 19____, to July 13, 1941
that I last saw her alive on 7-13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis **3 days**

Due to Myocardial infarction **6 days?**

Due to _____

Other conditions Hypostatic Pneumonia **1 day**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

3 days

6 days?

1 day

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? **341**

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

23. Signature W. Bloom (M. D. or other) **Dr. S.**
Address Fayette, Mo. Date signed 7-15-41

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

MOTHER FATHER

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:

Guy T. Halsey

Licensed Embalmer No.

2964

P. O. Address.....

Fayette 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.