

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 1942
3

Registration District No.

Primary Registration District No. 2557

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Near Raytown
(c) Name of hospital or institution:
Smith & Reid Roads
(d) Length of stay: In hospital or institution 3 Months
In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Mower
(c) City or town Austin
(d) Street No. Unknown
(e) Citizen of foreign country? 2 (Yes or No)

3. (a) PRINT FULL NAME Mrs. Eda McNanny

(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed
6. (b) Name of husband or wife Arthur McNanny 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased August 13 1880

8. AGE: Years 61 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Avanston Illinois

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name George Carr
13. Birthplace Unknown
14. Maiden name Elizabeth Cramer
15. Birthplace Unknown

16. (a) Informant Mrs. O. P. ...
(b) Address Smith & Reid Roads

17. (a) Burial (b) Date thereof July 2, 1942
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. ...
(b) Address 1401 Brush Creek Blvd

19. (a) July 1, 1942 (b) Mrs. A. E. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1942 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 1, 1942 to June 30, 1942
that I last saw her alive on June 28, 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Carcinomatous Cancer of rectum

Due to Starvation
Other conditions Starvation

Major findings: Of operations H&E
Of autopsy H&E

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature M. C. ... While at work _____
Address Raytown, Mo Date signed 7-1-42

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

48
0
6

Dr. A. E. Eubank
Raytown
Raytown News
for permit

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 Emile H. Calhoun

Licensed Embalmer No. 3506

P. O. Address McMo

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.