S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24051

FILED AUG 3 1942

Registration District No. 4251

Primary Registration District No. 4085

Registrar's No. 112

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

19
0
0

1. PLACE OF DEATH:

(a) County Cass

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

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

(d) Length of stay: In hospital or institution /
In this community 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Drexel Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. Cold Water Township 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fern Lucille McAnany

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex female

5. Color or race W.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife x

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased June 13 (Month) 1912 (Day) (Year)

8. AGE: Years 30 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Miami County (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation invalid

11. Industry or business

FATHER
12. Name Paul J. McAnany
13. Birthplace Kansas (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Dott Dawson
15. Birthplace Kansas (City, town, or county) / (State or foreign country)

16. (a) Informant P.J. McAnany

(b) Address Drexel Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Butler Missouri

19. (a) 7-25-42 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1942 hour 9:45 minute PM M.

21. I hereby certify that I attended the deceased from 1930 to July 23, 1942 that I last saw her alive on July 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Spastic Paralysis — Duration all life

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 82:1

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 0

23. Signature Basil O'Hartwell (M.D. or other)

Address Drexel, Mo Date signed 7/25/42

1047 (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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.