

FILED SEP 21 1942

Registration District No. 3

Primary Registration District No. 3006-5120

Registrar's No. 160

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community life years, months or days

3. (a) PRINT FULL NAME Anna Lee Daly

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Robert Daly

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

7. Birth date of deceased Jan 27 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name J. M. Williamson

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

14. Maiden name Mary Thomas

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

16. (a) Informant Mrs L M Price

(b) Address Columbia MO

17. (a) Burial (b) Date thereof 8 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith's Chapel

18. (a) Signature of funeral director P. Overette

(b) Address Columbia

19. (a) 8-6-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia Route 1
(If outside city or town limits, write "RURAL")

(d) Street No. Missouri T. S.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1942 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from May 10
1942 to Aug 4 1942
that I last saw her alive on Aug 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of lung

Due to Carcinoma of Breast

Due to

Other conditions Myocarditis chronic
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Breast 1939

Of operations

Of autopsy none

Duration 3

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?

While at work? (Specify type of place)

(c) Means of injury

23. Signature Frank E. Adams (M. D. or other) MD

Address Columbia Mo Date signed 8-6-42

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

Lyman H. Sprinkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Pa*

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.