

FILED JUL 17 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 94

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

1. PLACE OF DEATH:
 (a) County Madaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Myrtle McNew
 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, widowed
 6. (b) Name of husband or wife E.E. McNew 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 10 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 11 hr. min.

9. Birthplace Cowgill Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Gill

13. Birthplace Canada (State or foreign country)

14. Maiden name Jessie Stater

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

16. (a) Informant Mrs. Virgil Rathburn

(b) Address Maryville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill cemetery

18. (a) Signature of funeral director Funeral Home

(b) Address Maryville Mo.

19. (a) 6-21-43 (Date received local registrar) (b) Mary Cole (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Caldwell
 (c) City or town Cowgill (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1943 hour 8 minute 7 M.

21. I hereby certify that I attended the deceased from April 2 1943 to June 21 1943 that I last saw her alive on June 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Ovary not metastasized

Due to _____

Due to _____

Other conditions: 490 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Ovary

Of operations _____

Of autopsy _____

Duration
 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) (e) Means of injury 0

23. Signature G. A. Blamer (M. D. or other) _____

Address Maryville Mo. Date signed 6-21-43

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.....
Wm L Gee

Licensed Embalmer No. *2539*

P. O. Address *Mayville 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.