

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35028

State File No. _____
Registrar's No. _____

Registration District No. 2-78 Primary Registration District No. 3054

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 411 Nebraska St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ANNA B CARNEY
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 13
year 1944 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from April
14, to Oct 13, 1944
that I last saw her alive on Oct 1, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, 2 divorced, widow married.
6. (b) Name of husband or wife Frank Carney 6. (c) Age of husband or wife if alive 1868 years

Immediate cause of death Myocardial insufficiency
Arterio Sclerosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 92 lb

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
about 76

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Home

11. Industry or business Home

12. Name James Suggard

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

14. Maiden name Went (City, town, or county) (State or foreign country)

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

16. (a) Informant Ray E Brown (son)
(b) Address Peoria Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/44
(Month) (Day) (Year)

(c) Place: burial or cremation Reverend

18. (a) Signature of funeral director J. H. ...
(b) Address Louisiana Mo

19. (a) 10/13/44 (Data received local registrar) (b) J. H. ... (Registrar's signature)

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 _____
23. Signature J. H. ... (M. D. or dentist)
Address Louisiana Mo Date signed 10/13/44

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

MOTHER FATHER

FEB 16 1945

JAN 26 1945

RECEIVED

District Health Officer No. 10

District File Number 11-44-1896

Date Filed NOV 10 1944

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.....

George O. Wagner

..... Registered Apprentice No.

working under my personal supervision.

Signed *George O Wagner*

Licensed Embalmer No. 3173

P. O. Address *Mississauga, Ont*

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.