. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

Registration District No. 78

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16733

Primary Registration District No. 4165

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin
(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 ____ (Specify whether
In this community most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Gallatin
(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 ____

3. (a) PRINT FULL NAME Anna L. Havner

3. (b) If veteran, name war None

3. (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 Glenn Havner

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

7. Birth date of deceased December (Month) 6 (Day) 1873 (Year)

8. AGE: Years 71 Months 4 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Cleberne (City, town, or county) Texas (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business Buildings, property etc.

FATHER
12. Name Oscar D. Lawson
13. Birthplace Mooresville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary E. Blakely
15. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Almeda Prichard
(b) Address Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri

19. (a) 5-5-1945 (Date received local registrar) (b) R. O. Richesson (Registrar's signature)

1084

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1945 hour About 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from found dead in Burning Bldg to May 3, 1945; that I last saw her alive on May 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Nerve Shock causing angina pectoris. Body badly burned.

Due to Excitement of office bldg. burning & inhalation of smoke in her office

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

18 1/2 25

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5-3-1945

(c) Where did injury occur? Gallatin (City or town) Daviess (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place) (Daviess County)

While at work? Yes (e) Means of injury Coroner

23. Signature H. W. Bailey D.D. 2 (M.D. or other)

Address Gallatin Mo Date signed May 3/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1948

SEP 10 1945

JUL 17 1945

RECEIVED
District Health Officer No.
District File Number
Date Filed

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 Cavity, Registered Apprentice No. ....., working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.