S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36930

FILED DEC 12 1945

State File No. —

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Clay

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. Hyderwild Addition
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME ANNA LANEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife James Laney

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 6, (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	9	..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Willard Sharp
13. Birthplace Ray County, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Sarah Duncan
15. Birthplace Ray County, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Frances Sharp
(b) Address Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Excelsior Springs, Mo.

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Mo.

19. (a) 12-5-45 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th.
year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 24, 1945 to Nov 15, 1945
that I last saw him alive on 11-6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to X

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

46B

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. E. Boyd (M. D. or other) MD

Address Excelsior Springs Date signed 11-15-45

1419 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-11-45

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.