

FILED MAR 10 1946

Registration District No. 2

Primary Registration District No. 507.0

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Barnard (Rural) Christian Ma  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 yr 6 Mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ANDREW 2  
(c) City or town SAVANNAH  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Annie E. Clemens

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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: March 29 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name Valentine Gungelman  
13. Birthplace Germany (State or foreign country)  
14. Maiden name Rebecca Hurst  
15. Birthplace Andrew County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Gillie  
(b) Address Barnard, Missouri

17. (a) Burial (b) Date thereof Feb. 25, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cemetery

18. (a) Signature of funeral director G. M. Atkinson

(b) Address Savannah, Missouri

19. (a) 2-25-46 (b) Lillean Sparks  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY 23  
year 1946 hour 5 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Sept. 8th  
1945 to Feb. 23rd 1946  
that I last saw her alive on Feb. 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Duration 2 yr  
left breast

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature J. C. Haskin (M. D. or other) \_\_\_\_\_  
Address Savannah Mo. Date signed Feb. 24, 1946

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

SEP 9 1946

MAY 10 1946

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 *G. M. Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Lawrence, 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.