

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26163

FILED AUG 28 1948

State File No. _____

Registration District No. 2

Primary Registration District No. 5010

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Barnard-Rural
(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 _____
In this community 1 yr 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mrs Anna F. Cleven

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Valentine Gueselma

13. Birthplace not known Germany (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Hunt

15. Birthplace Andrew Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Hilli

(b) Address Barnard Mo

17. (a) B (b) Date thereof 2 23 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director B M Atchison
(b) Address Savannah Mo

19. (a) 2-23-48 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 48 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from 9-2-45 to 2-23-48 that I last saw her alive on Feb 21 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast Duration 2 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 C Harker (M. D. or other) _____

Address Savannah Mo Date signed 2/23/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Lillian Sparks
25019
Barnard Mo
R7B #1

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.....

Licensed Embalmer No.....

P. O. Address.....

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.