

S. No. 2  
M-5-43  
5-17-39  
I X3667

**FILED** SEP 10 1948  
Registration District No. **337**

Primary Registration District No. **4500**

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

1. PLACE OF DEATH:

(a) County Shelby county

(b) City or town Leonard, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community Sixty yeras

3. (a) PRINT FULL NAME Anna E. Carney

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James S. Carney

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: December 22nd, 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>27</u>	hr. min.

9. Birthplace Benton county Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business " "

MOTHER FATHER

12. Name Konrad Manz

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

14. Maiden name Barbara Fike

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

16. (a) Informant James S. Carney

(b) Address Leonard, Mo.

17. (a) Burial (b) Date thereof 8-21-1948  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Duncard's Cemetery Leonard, Mo.

18. (a) Signature of funeral director Million & Berkeley Shelbina, Mo.

(b) Address Shelbina, Mo.

19. (a) Aug 31-48 (b) Ruth Joyner  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby /021

(c) City or town Leonard, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th  
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 1941, 19  , to August 19, 19    
1941 August 19 46  
that I last saw er alive on August 17, 19    
and that death occurred on the date and hour stated above.

Immediate cause of death.	Duration
<u>Degenerative Myocarditis of the left side of the heart</u>	<u>3 weeks</u>
Due to <u>Arteriosclerotic hypertension</u>	<u>4 years</u>
Other conditions <u>Cerebral haemorrhage</u> (Include pregnancy within 3 months of death)	<u>4 wks.</u>

Major findings:  
Of operations 93.9

Of autopsy 93.9

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? \_\_\_\_\_

23. Signature AD Wright (M. D. or other) PO.  
Address Leonard, Mo. Date signed 8/22/48  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

307

RECEIVED  
District Health Officer No. 10  
District File Number 2-46-1652  
Date Filed SEP-7-1946

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.....

*E. W. Hawkins*

Licensed Embalmer No. 3495

P. O. Address Phillips 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.