S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8176

Registration District No. 71 | Primary Registration District No. 3012 | Registrar's No. 30

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: 708 Elmwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 months
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. 708 Elmwood
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ANNA PEARL LAKE

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 Married

6. (b) Name of husband or wife Harry E. Lake

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August (Month) 24, (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	7	hr. min.

9. Birthplace Ray County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Joseph Brizendine 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Patton
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Harry Elmer Lake
(b) Address 708 Elmwood, Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurman Funeral Home
(b) Address 627 E. Main St., Richmond, Missouri

19. (a) 3/5/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 3rd
year 1948 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from Feb 26 - 1948, to March 3 1948, that I last saw her alive on Feb 26 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93

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 0

23. Signature E. E. Lay (M. D. or other) M.D.
Address Richmond Date signed 3-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-17-48

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 William L. Thurman, Registered Apprentice No. 65, working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.