S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13259

Registration District No. 180 | Primary Registration District No. 5673 | Registrar's No. 59

1. PLACE OF DEATH:
(a) County: Lincoln
(b) City or town: Rural Monroe
(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 ..... (Specify whether years, months or days)
In this community: 10 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lincoln 57
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 4½ miles East of Troy Mo 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) D
If yes, name country .....

3. (a) PRINT FULL NAME: ANNA CAROLINE LAVY
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Landy Lavy
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: May (Month) 13 (Day) 1891 (Year)

8. AGE: Years 56 | Months 11 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: /
MOTHER FATHER
12. Name: Rudolph Heidmann
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Anna Ofemann
15. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs Wm. Cooper
(b) Address: Troy Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: Wayne McCoy
(b) Address: Troy Mo.
19. (a) 5-6-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1948 hour 12 minute 45A M.
21. I hereby certify that I attended the deceased from June 1 8, 1947 to May 6, 1948 that I last saw her alive on April 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Liver.	—
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: X-ray	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) U
While at work? (e) Means of injury
23. Signature: J. G. Hoeger (M. D. or other) M.D.
Address: Whitesville Mo. Date signed 5-6-1948.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
MAY 12 1948
Date Filed

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.