S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18452

Registration District No. 349 Primary Registration District No. 4513 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Green Castle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mrs Ed Cooley Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sullivan
(c) City or town Humphreys
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. ANNA E DOOLIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wht
6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 17 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	8	6	hr. min.

9. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housework, Invalid
11. Industry or business Retired
FATHER
12. Name James Johnson
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Margaret Cox
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Eva Lewis
(b) Address Osgood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Humphreys Mo Cem.
18. (a) Signature of funeral director P K Payne & Son
(b) Address Galt Mo
19. (a) June 4-48 (Date received local registrar) (b) Laura Shaw Pollett (Registrar's signature) 2-31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10-5-1947, to 5-23-1948
that I last saw her alive on 10-5-1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	?
Due to Arterio Sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9
Of autopsy 9

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)
While at work? (e) Means of injury 0
23. Signature U. C. Weston (M.D. or other)
Address Galt, Mo. Date signed 5-24-48

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

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

RECEIVED
District Health Officer No. 10
District File Number 6-48-991
JUN 8 - 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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.