

FILED AUG 31 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway  
(c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 119 East Franklin  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Gray McClurg

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, widowed  
7. Birth date of deceased: April 16, 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion Co., Ia. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name John B. Gray  
13. Birthplace Penn.  
14. Maiden name Minerva Howell  
15. Birthplace Penn.

16. (a) Informant Jack Gray  
(b) Address Maryville, Mo.  
17. (a) burial (b) Date thereof 8-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery  
18. (a) Signature of funeral director Pria Funeral Home  
Maryville, Mo.  
(b) Address \_\_\_\_\_  
19. (a) 8-21-48 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

1137

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1948 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from 1945, 1945 to Aug 18, 1948  
that I last saw her alive on Aug 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Dilatation  
Pulmonary Edema  
Due to Chronic Syphilitic  
Luesis + Secondary  
Due to Gonorrhea  
Paralyzed Arterio Sclerosis  
Other conditions: + Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Duration

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W.B. Jackson (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address Maryville, Mo. (M. D. or other) \_\_\_\_\_  
Date signed 8-20-48

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

SECRET

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 Clum M. Price  
Licensed Embalmer No. 1822  
P. O. Address Mayville, 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.**