No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Registration District No. 101

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5408

State File No. 36055

Registrar's No. 55

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Brushyknob, Rural McMurtery
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Brushyknob Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Halford
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John Halford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1-12-1861 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	9	29	hr. min.

9. Birthplace Wayne County, Missouri U (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dutch Atnip
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown U (City, town, or county) (State or foreign country)
16. (a) Informant Archie Halford
(b) Address Brushyknob Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brushyknob
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Nov 19-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 04

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11, year 1948 hour 10 minute 40 A. M.
21. I hereby certify that I attended the deceased from Jan 5, 1948 to Nov 11, 1948 that I last saw her alive on Jan 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain
Due to
Due to Arterial Sclerosis
Other conditions Rheumatism
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 83

Duration

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
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 11/13 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1315
Date Filed 12-4-48

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Chester A Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.