

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1261

State File No.

370

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>20 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>205 WEST 9TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>DUANE</u>		b. (Middle) <u>F.</u>	
c. (Last) <u>McANALLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 23-1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAY 7-1912</u>
9. AGE (In years last birthday) <u>37 YEARS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OPERATOR</u>	
11. BIRTHPLACE (State or foreign country) <u>GLENDIYE MONTANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>MIMEOGRAPHY MULTICOPY</u>		11. BIRTHPLACE (State or foreign country) <u>GLENDIYE MONTANA</u>	
13a. FATHER'S NAME <u>WILLIAM R. McANALLY</u>		13b. MOTHER'S MAIDEN NAME <u>HAZEL A. HOWARD</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. MARY FRANCES McANALLY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLDWART 425-16-3166</u>	
16. SPECIAL SECURITY <u>425-16-3166</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HAZEL McANALLY</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>425-16-3166</u>		18. SPECIAL SECURITY <u>425-16-3166</u>	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:40 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh H. Owens</u>		23b. ADDRESS <u>1034 Piatta Bldg</u>	
23c. DATE SIGNED <u>1-24-50</u>		23c. DATE SIGNED <u>1-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 25 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FORT LEAVENWORTH, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>1-25-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>O.N. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	

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

VB MAR 26 1968

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edward M. Stone

Licensed Embalmer No. 4452

P. O. Address N. C. 4

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.