

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. **16367**

No. 300
10.48
0360

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1432 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN - Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO -</u>	
c. LENGTH OF STAY (in this place) <u>9 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3971A RUSSELL 2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ALOYSIUS</u> c. (Last) <u>McANANY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 12, 1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>14</u>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TOBACCO Co.</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>CHARLES McANANY</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE HARRIGAN</u>	14. NAME OF HUSBAND OR WIFE <u>EVA McANANY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES 6/26/18-10/21/1919</u>	16. SOCIAL SECURITY NO. <u>489-10-5131</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva McAnany Sullivan</u>	ADDRESS <u>Sullivan</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u> <u>Paris</u> <u>331X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1950, to May 26, 1950, that I last saw the deceased alive on 5-25, 1950, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Prater M.D.</u> (Degree or title)	23b. ADDRESS <u>Sullivan - Mo</u>	23c. DATE SIGNED <u>5-27-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-27-1950</u>	REGISTRAR'S SIGNATURE <u>Ed Prater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hamilton Sullivan</u>	ADDRESS <u>Sullivan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1950

SEP 22 1950

District File Number

District Health Officer No. 91

RECEIVED JUN 6 1960

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 *Edgar W. Talloew*

Licensed Embalmer No. *3394*

P. O. Address *Sullivan, 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.