

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30904

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 3618 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY OR TOWN <u>Baring</u> (If outside corporate limits, write RURAL and give township) <u>rural</u>		c. CITY OR TOWN <u>Baring (rural)</u> (If outside corporate limits, write RURAL and give township) <u>Greensburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>John Sherman McAnulty</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles West of Baring Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Sherman</u> c. (Last) <u>McAnulty</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-7-1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-26-1866</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>0</u> IF UNDER 24 HRS. Days <u>11</u> Hours <u>11</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Bentley, Illinois.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph McAnulty</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Perry</u>	14. NAME OF HUSBAND OR WIFE <u>Ada McClure</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Claude Dunn Baring Mo</u> ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate Gland</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>177X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Knox</u> <u>Mo</u>
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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?
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22. I hereby certify that I attended the deceased from Sept 7, 1950, to Sept 7, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edna Mo</u>	23b. ADDRESS <u>Edna Mo</u>	23c. DATE SIGNED <u>Sept 9/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Knox County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 9-1950</u>	REGISTRAR'S SIGNATURE <u>Paul S. Hunst</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

1520

JUL 30 1950

Date Received: SEP 18 1950
DISTRICT HEALTH OFFICE #
District File Number 9-50-
Date Filed: SEP 18 1950

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 Keith Hudson

Licensed Embalmer No. 2413

P. O. Address Edina Mission

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.