

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0130 379

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5151 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rider Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rider Township</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles east of 36 from CAMERON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Miles EAST of 36 CAMERON</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHANNNA</u>	b. (Middle) <u>KANAN</u>	c. (Last) <u>LAW</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>JOHANNNA</u>	<u>KANAN</u>	<u>LAW</u>	<u>JAN 31 50</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 8 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>PATRICK</u>	13b. MOTHER'S MAIDEN NAME <u>MARY McCLARY</u>	14. NAME OF HUSBAND OR WIFE <u>WALTER LAW</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. Hangley R 704</u>	ADDRESS <u>Camden Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			<u>10 days</u>
ANTECEDENT CAUSES	DUE TO (b) _____		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		<u>33 IX</u>

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) (Min.)	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 21 Jan, 1951, to 31 Jan, 1951, that I last saw the deceased alive on 31 Jan, 1951, and that death occurred at 12-2 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Jones M.D.</u>	(Degree or title)	23b. ADDRESS <u>Camden Mo</u>	23c. DATE SIGNED <u>1-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kenny cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 7-1951</u>	REGISTRAR'S SIGNATURE <u>Glady's Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>	ADDRESS <u>Camden</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Robert H. Poland.

Licensed Embalmer No. 4777

P. O. Address 222 west 3rd
Cameron, N.C.

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.