

FILED AUG 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23575

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 51

0540

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri - Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville - Rural - <i>Dover Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville Rural - <i>Dover Twp</i>	
c. LENGTH OF STAY (In this place) <i>all life</i>		d. STREET ADDRESS (If rural, give location) Rural H-V. Mo. <i>0540</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Country Home - her</i>			

3. NAME OF DECEASED (Type or Print) <i>Anne W McLennan</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 31 - 1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 20 - 1867</i>
9. AGE (In years last birthday) <i>83</i>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <i>7 11</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>--</i>	
11. BIRTHPLACE (State or foreign country) <i>Higginsville Mo. Rural</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>James R. Anderson</i>		13b. MOTHER'S MAIDEN NAME <i>Sally Green</i>		14. NAME OF HUSBAND OR WIFE <i>DR. T.A. McLennan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Alfred Hoef 4201 Hb Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Artery</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Causes probably Coronary</i>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <i>occluded</i>		
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. <i>Senility</i>			

19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>In operation</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4201</i>	
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	

22. I hereby certify that I attended the deceased from *the death July 30*, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m, from the causes and on the date stated above.

23a. SIGNATURE <i>W. M. Martin</i>		23b. ADDRESS <i>4201 Hb Mo</i>		23c. DATE SIGNED <i>7-31-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug - 2nd - 51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City Higginsville</i>	
24d. LOCATION (City, town, or county) (State) <i>Higginsville Laf - Mo.</i>					

DATE REC'D BY LOCAL REG. <i>Aug. 2nd 1951</i>		REGISTRAR'S SIGNATURE <i>Clayton H Landrum</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Forrest A Hoef Higginsville</i>	
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(Licensed Embalmer's Statement on Reverse Side)

Annie Anderson Mc Lannen - WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED 8-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-7-51

DEC 12 1951

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 *Farrell S. Hooper*

Licensed Embalmer No. 43058

P. O. Address *Higginville 7700*

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.