

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4946

620

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 123 East 34th St.

e. STREET ADDRESS (If rural, give location) 123 East 34th Street 3508

3. NAME OF DECEASED (Type or Print)
a. (First) CLARA b. (Middle) A. c. (Last) McANAW

4. DATE OF DEATH (Month) (Day) (Year) 2 6 54

5. SEX Fe

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 4-5-1879

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of the working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and State or Foreign Country) Decatur, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. H. Miller

13b. MOTHER'S MAIDEN NAME Catherine Bickes

14. NAME OF HUSBAND OR WIFE Daniel E. McAnaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank W. Miller, 3000 Oak, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease June 1950
INTERVAL BETWEEN ONSET AND DEATH June 1950
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Smoking
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 NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1950, to July 6, 1954, that I last saw the deceased alive on July 3rd, 1954, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Terry E. Lilly M.D.

23b. ADDRESS 807 Angyle Bldg.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-9-1954

24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 2-8-54

REGISTRAR'S SIGNATURE Steraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Wagner K.C. Mo.

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.....
Signature of Student Embalmer

Signed *Alvin R. Haines*.....

Licensed Embalmer No. *41*.....

P. O. Address *H. E.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.