

FILED OCT 6 1944

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether years, months or days)
 In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Clinton mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 303 West Franklin
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ANNA FLORENCE HARRINGTON

3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife Robert Vance
 6. (c) Age of husband or wife if alive 16 years
 7. Birth date of deceased Nov 16 1855
 (Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 0
 If less than one day hr. min.

9. Birthplace St Charles Co mo
 (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name James Moore
 13. Birthplace Virn
 (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace

16. (a) Informant Mrs Elizabeth Harrington

(b) Address Clinton mo
 17. (a) Harvis Cem (b) Date thereof 9-18-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvis Cem

18. (a) Signature of funeral director Consalus + Pest
 (b) Address Clinton mo

19. (a) Sept 17 1944 (b) Georgia Hatcher
 (Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
 year 1944 hour 12 minute A M.
 21. I hereby certify that I attended the deceased from May
 1914 to Sept 16 1944
 that I last saw her alive on Sept 16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration

Due to nephritis, bacterial

Due to sepsis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Geo S. West M. D. or other
 Address Clinton Date signed Sept 17

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

1
2

42
1
2

106

4717

RECEIVED

Disposal Health Officer No. 7,

Disposal Number 9-44-7102

Date Filed 10-9-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J E Consider

Licensed Embalmer No.....

1891

P. O. Address.....

Clinton 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.