

FILED SEP 12 1945

Registration District No. 324 Primary Registration District No. 3072

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I057 So. English
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of her life
years, months or days

3. (a) PRINT

FULL NAME Anna Blakely Duvall

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 Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

May 18

1876

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

69

3

17

hr.

min.

9. Birthplace Cooper Co.

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Ira Blakely

13. Birthplace Unknown

(City, town, or county)

Unknown

(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county)

Unknown

(State or foreign country)

16. (a) Informant Lon Duvall

(b) Address Kansas City, Kansas

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof August 28, 1945

(Month) (Day) (Year)

(c) Place: burial or cremation Lamine Cemetery

18. (a) Signature of funeral director J. L. L. L.

(b) Address Marshall, Mo.

19. (a) 8-27-45

(Date received local registrar)

(b) Mrs. T. O. O. O.

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. I057 South English
(If rural, give location)
(e) Citizen of foreign country? No. 0
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1945 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from

1939 to 8-24 1945

that I last saw him Er alive on 8-24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetes Mellitus

Duration

6 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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)

(e) Means of injury

23. Signature

A. B. Putnam

(M. D. Seal)

Address Marshall Mo

Date signed 8-25-45

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

Health Officer No. 8,

~~Number~~

9-8-45-

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.....

Licensed Embalmer No. *32350*

P. O. Address *Marshall, Va.*

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.