

FILED OCT 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29126

Registration District No. 3548

Primary Registration District No. 3011

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwood Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ANNA Elizabeth Rea

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife. LYMAN C. Rea 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb 20 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 8 If less than one day
hr. _____ min. _____

9. Birthplace Carroll MO
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Powers13. Birthplace MO
(City, town, or county) (State or foreign country)14. Maiden name Perlina Kinnear15. Birthplace MO
(City, town, or county) (State or foreign country)16. (a) Informant MRS. L. C. Rea, Jr.(b) Address Carrollton, MO17. (a) Sept 20 - 48 (b) Date thereof Sept 30 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Enon Cemetery18. (a) Signature of funeral director E. A. Dickson(b) Address Boonville, Mo.19. (a) 9/28/48 (b) Mr. Herbert Calahan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1
1948 to Sept 28, 1948
that I last saw her alive on Sept 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 46E

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? _____

(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 0

23. Signature John H. Platt (M. D. _____)Address Carrollton, Missouri Date signed 9/28/48

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-2-48

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

E. A. Dickerson

Licensed Embalmer No.

2534

P. O. Address

Boquet, 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.