

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13817

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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
In this community 7 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Harriet Rachael Fanning

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, or married
6. (b) Name of husband or wife Joseph Fanning
6. (c) Age of husband or wife if alive 92 years
7. Birth date of deceased May 23rd, 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 13
If less than one day hr. min.

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

10. Usual occupation Farmer Housewife

11. Industry or business

MOTHER FATHER { 12. Name Alfred Divine
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ardie Lecie
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jess Turner
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 4-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (c) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) Date rec'd by local registrar (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1941 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 15 1941 to April 5 1941
that I last saw her alive on April 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 3da
Due to Myocardial infarction 15 yrs
Hypertension - 20 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature J. D. Atkins (M. D. or other)
Address Lamar, Mo Date signed 4/5/41

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

RECEIVED

District Health Officer No. 6,

District File No. 541-711

Date Recd. MAY 6 1921

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..... *R. C. P. River*

Licensed Embalmer No. 3141

P. O. Address..... *Lamar 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.