

FILED SEP 5 1941
928

Registration District No.

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Sumner
(c) Name of hospital or institution: Bruner, Inc.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 73 years! (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Eli Fanning

3. (b) If veteran, name war.

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Honey E. Fanning 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. Oct. 7 (???) 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days ??? If less than one day hr. min.

9. Birthplace Grundy County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER
12. Name Anderson
13. Birthplace Anderson Anderson
(City, town, or county) (State or foreign country)
14. Maiden name Anderson
15. Birthplace Anderson Anderson
(City, town, or county) (State or foreign country)

16. (a) Informant X. S. S. S. S. S.

(b) Address Bruner, Inc.

17. (a) Burial (b) Date thereof 6-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coon Creek

18. (a) Signature of funeral director Raymond W. Dunning

(b) Address Sumner, Mo.

19. (a) 6-24-41 (b) Dennis S. Saw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Grundy ⁰⁴⁰
(c) City or town BRIMSON, RURAL ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24th
year 1941 hour 3:50 minute PM M.

21. I hereby certify that I attended the deceased from Feb. 1st to June 20th, 1941; that I last saw him alive on June 20th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis ^{2 years}

Due to _____

Due to _____

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) (e) Manner of injury _____

23. Signature Oliver F. Duffey, M.D.
Address Sumner, Mo. Date June 25th 1941

WRITE PLAINLY—USE 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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Robert B. James*

Licensed Embalmer No. *4219*

P. O. Address *Stenton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.