S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29686

State File No. .....

FILED OCT 13 1942

Registration District No. 6 — Primary Registration District No. 4017 — Registrar's No. 27

1. PLACE OF DEATH:

(a) County AUDRAIN

(b) City or town FARBER (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 ..... (Specify whether years, months or days)

In this community 42 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN 4

(c) City or town FARBER 0 (If outside city or town limits, write "RURAL")

(d) Street No. ..... 0 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES WILLIAM TANNER

3. (b) If veteran, name war .....

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife SARAH MARGARET TANNER

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased JULY (Month) 21 (Day) 1852 (Year)

8. AGE: Years 90 Months 1 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace MONROE COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation MERCHANT

11. Industry or business GRAIN

FATHER
12. Name SILAS TANNER
13. Birthplace MONROE COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name JANE CRIGLER
15. Birthplace MONROE COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant MRS W. R. BIGGS

(b) Address FARBER MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT (Month) 19 (Day) 1942 (Year)

(c) Place: burial or cremation FARBER

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Missouri

19. (a) Sept 19 1942 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 15 1941 to Sept. 17 1942 that I last saw him alive on Sept. 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infant Myocardial degeneration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 5

23. Signature H. D. Hesheim (M. D. or other) 60

Address Mexico Mo Date signed 9/19/42

1 OB

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1915
Date Filed OCT 12 1942

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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia, Missouri

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.