

No. 2
-5-42
5-17-39
X32873

S.P. McOrlain
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34335

State File No. _____

FILED OCT 30 1942

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Union

(c) City or town East Prairie, Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ANN TANNER

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1942 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept 29 that I last saw her alive on Sept 28 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration 30 min

4. Sex Female 5. Color or race W

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

6. (c) Age of husband or wife if alive 186 years

7. Birth date of deceased May 1 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name William Thornton

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant William Tanner

(b) Address East Prairie, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson

18. (a) Signature of general director W. S. Shelby

(b) Address East Prairie, Mo

19. (a) 10-10-42 (Date received local registrar) (b) Shelby (Registrar's signature)

Due to _____

Due to _____

Other conditions: 940

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) Means of injury _____

23. Signature W. S. Shelby (M.D. or other) _____

Address East Prairie, Mo Date signed 10-9-42

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

MOTHER FATHER

RECEIVED

District Health Office No.

District File Number 10-12-16

Date Filed 10-19-42

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

James E. Scott
working under my personal supervision.

Registered Apprentice No. 316

Signed Francis Shelly

Licensed Embalmer No. 2726

P. O. Address East Grand 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.