

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 2 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 203

Primary Registration District No. 5735

Registrar's No. ....

61  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Macou  
(b) City or town Nicholtan (Rural)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution neither  
(Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Barbra Luena Tanner

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 married

6. (b) Name of husband or wife Luther Tanner 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 30 1968  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 0 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business lived on farm

12. Name Martine Hocher

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gross

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

16. (a) Informant Luther Tanner

(b) Address Leonard mo

17. (a) Burial (b) Date thereof Nov 1st 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Well

18. (a) Signature of funeral director Ph. Brodding

(b) Address Atlanta mo

19. (a) Nov. 15 42 (b) Mrs. G. L. Camlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macou  
(c) City or town near Nicholtan mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30  
year 1942 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Arterio condition of same  
years standing

Due to \_\_\_\_\_  
Other conditions   
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy   
93

22. If death was due to external causes, fill in the following:

(g) Accident, suicide, or homicide (specify)

(b) Date of occurrence

Where did injury occur? Atlanta Macou mo  
(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 Dr. Edward Larson (M.D. or other) 15  
Address Travis mo Date signed 11/15/42

Duration  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number

12-42-3039

Date Filed

DEC - 1 1942  
DEC 1 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.....

Licensed Embalmer No.....

P. O. Address.....

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.