

FILED APR 7 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 52

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
603 W. Boulevard
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Mexico (If outside city or town limits, write "RURAL")
 (d) Street No. 603 W. Boulevard (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James William Tanner

3. (b) If veteran, name war None 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 Nancy Belle Tanner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 19, 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Carpenter

11. Industry or business: _____

12. Name: George Tanner

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. John I. Brown

(b) Address: Mexico, Mo.

17. (a) (b) Date thereof: March 24, 43 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood, Mexico, Mo.

18. (a) Signature of funeral director: J. E. Jones

(b) Address: Mexico, Mo.

19. (a) 3/23/43 (Date recorded local registrar) (b) Margaret H. Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23rd year 1943 hour Four minute Twenty A.M.

21. I hereby certify that I attended the deceased from JANUARY 20th, 1943, to MARCH 23rd, 1943;

that I last saw him alive on MARCH 16th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Respiratory Failure

Due to: Metastatic Carcinoma

Due to: CARCINOMA of Caecum

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 4/6 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: J. E. Jones Address: 1065 W. Ave, Mexico, Mo. Date signed: 3/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
1
2

77A

1014

RECEIVED

District Health Officer No. 10

District File Number 4-43-627

Date Filed MAR 15 1943

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.