

V. S. No. 2
00M-8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25044

State File No. _____

FILED AUG 9, 1944

Registration District No. _____

Primary Registration District No. 4272

Registrar's No. 42

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town Waverly MO
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ALL HER LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town Waverly MO 54
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Fannie M. Tanner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 44 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct 10, 1944 to 7-7, 1944
that I last saw her alive on 7/7, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 13 1897
(Month) (Day) (Year)

Immediate cause of death Carcinoma of left Breast, liver & mediastinum

Due to _____

Due to _____

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

8. AGE: Years 47 Months 5 Days 24 hr. _____ min. _____
If less than one day

9. Birthplace Waverly Mo State 0
(City, town, or county) (State or foreign country)

Major findings: Of operations 50

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wood Nichol

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Bank

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thel Tanner

(b) Address Waverly Mo

17. (a) Burial (b) Date thereof 7-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Mo

18. (a) Signature of funeral director Gunn Ft. Coors

(b) Address Lemington Mo

19. (a) 7-10-1944 (b) D.W.C. Brackley
(Date received local registrar) (Registrar's signature)

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) (or) Means of injury _____

23. Signature Ed A. Sweeney (M.D. or other) _____
Address Waverly Date signed 7/7/44

1189 (Licensed Embalmer's Statement on Reverse Side)

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

54000

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-7-64

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 *William Hunsley*

Licensed Embalmer No. *3105*

P. O. Address *Lexington, 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.