

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

FILED SEP 18 1945

State File No. _____

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 70

1. PLACE OF DEATH

(a) County Pulaski Co

(b) City or town Lagacy, Mo. Tenthredon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski

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

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

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

3. (a) PRINT FULL NAME Joseph William Tanner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Nov 1 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 29
If less than one day hr. min.

9. Birthplace Miller Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Tanner

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Clara Still

(b) Address Lagacy, Mo

17. (a) Burial (b) Date thereof 9-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berene Cemetery

18. (a) Signature of funeral director R.B. Super

(b) Address Richland, Mo.

19. (a) 9-10-45 (b) Chas McOnda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1945 hour 3 minute PM

21. I hereby certify that I attended the deceased from Aug 31 1940 to Aug 31 1945
that I last saw him alive on Aug 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General Exchaustion Hemorrhage
Due to Cancer of Bladder 5 year

Due to _____

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

Major findings: Cancer of Bladder
Of operations _____
Of autopsy none 52h

Duration 1 wk

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)
Means of injury _____

23. Signature Orville A. Over (M.D. or O.D.)
Address Richland Mo. Date signed 8-31-45

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

MOTHER FATHER

U.S. FILE

[Handwritten scribbles]

MAY 22 1950

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 *R. B. Zepew*

Licensed Embalmer No. *3198*

P. O. Address. *Richland*

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.