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State File No. _____
Registrar's No. 3

FILED MAR 30 1946
Registration District No. _____

Primary Registration District No. 6151

03
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
7160

1. PLACE OF DEATH: Stoddard
 (a) County Stoddard
 (b) City or town Parma, Mo.
 (c) Name of hospital or institution: None
 (d) Length of stay: In hospital or institution _____
 In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Parma, Mo.
 (d) Street No. 6 mi N. W. of Parma
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FANNIE-BROWN
 3. (b) If veteran, name war NO
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 2
 year 1946 hour 9 minute 30 P.

4. Sex F 3 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Husband dead
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 23 1859

21. I hereby certify that I attended the deceased from Jan 30 1946 to Feb 2 1946
 that I last saw her alive on Jan 30 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cardiac Insufficiency

8. AGE: Years 86 Months 9 Days 2
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Columbus Miss
 10. Usual occupation House Wife

Other conditions (include pregnancy within 3 months of death) None

11. Industry or business _____
 12. Name George Blake
 13. Birthplace Miss
 14. Maiden name Mary Nelson
 15. Birthplace Miss

Major findings: Of operations None
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant James Tuttleton
 (b) Address Parma, Mo.
 17. (a) Burial (b) Date thereof 2/14/46
 (c) Place: burial or cremation Ditch 8. Cemetery
 18. (a) Signature of funeral director Watkins Fun. Serv
 (b) Address Parma, Mo.
 19. (a) 2-8-46 (b) Cardie Miller

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____
 23. Signature Geo W. Smith (M. D. or other) _____
 Address Parma Mo Date signed 2/4/46

310

MAR 22 1945

RECEIVED

District Health Office No. 2

District File Number 346-343

Date Filed 3/7/46

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 Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Nexter 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.