S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8202

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Southeast Missouri (If not in hospital or institution, write street number or location)

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

In this community one day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscott

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida Leonora 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 Alex Tanner

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased February (Month) 23 (Day) 1880 (Year)

8. AGE: Years 67 Months — Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Marion Brison
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Nancy Adams
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs Sean Harden

(b) Address Portageville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Kitty Funeral Parlor

(b) Address Portageville Missouri

19. (a) 3-2-1947 (Date received local registrar) (b) C. C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1947 hour 10: minute 25 p M.

21. I hereby certify that I attended the deceased from March 22, 1947 to March 23, 1947; that I last saw her alive on March 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. A. Ritter, M.D. (M. D. or other)

Address Cape Girardeau Mo Date signed 4-2-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 447-475

Filed 4-7-47

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.