

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution Spokane Hospe
(d) Length of stay 1 1/2 yrs
In this community 1 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town La Russell Mo
(d) Street No. rural
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ray C. Fanning
(b) If veteran, name war V
(c) Social Security No. V

20. DATE OF DEATH: Month Sept day 10th
year 1947 hour 11 minute 55 P.M.

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Delila 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan 4 - 1885

21. I hereby certify that I attended the deceased from 4-7-47 19 to 9-10-47 19
that I last saw him alive on 9-10-47 19
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hr _____ min

Immediate cause of death Pericarditis Anemia
Due to Cardiac Decompensation
Duration 1 1/2 yrs

9. Birthplace Sullivan Co Mo

Other conditions Cardiac Decompensation
Major findings: 9-10-47
Of operations _____
Of autopsy _____

10. Usual occupation Rural Mail Carrier

11. Industry of business _____
12. Name John Fanning
13. Birthplace unknown
14. Maiden name Delila Fanning
15. Birthplace unknown

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? _____

16. (a) Informant Mr Delila Fanning
(b) Address La Russell Mo

17. (a) Burial (b) Date thereof 9-12-47
(c) Place: burial or cremation La Russell Mo

18. (a) Signature of funeral director Charles J. Louis
(b) Address La Russell Mo

19. (a) 9-11-47 (b) Delores Demple's DR.

23. Signature Walter Howard (M. D. or other) 11
Address Jasper Mo Date signed 9/11/47

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

MOTHER FATHER

9
2
5

Dr Walter Howard
Joplin Mo

OCT 16 1947

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address Joplin 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.