

FILED NOV 24 1947

Registration District No. **157**

Primary Registration District No. **5582**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Jackson Carthage Rural - Madison**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **5 Miles So. on highway #71 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

James W. Fanning

3. (b) If veteran, name war **None**

3. (c) Social Security No.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nora Harris Fanning**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **December 26 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 13 ..hr. ..min.

9. Birthplace **Barryville, Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Inspector**

MOTHER FATHER: 11. Industry or business.

12. Name **James Fanning**

13. Birthplace **Unknown Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Burks**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. W. Fanning**

(b) Address **636 Cedar Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **11-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Mo.**

19. (a) **11-10-47** (b) **L. B. Clinton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **636 Cedar St.** **3**
(If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **11** year **1947** hour **1:15** minute **0** P. M.

21. I hereby certify that I attended the deceased from **11-10-47** to **11-11-47** that I last saw him **dead** alive on **11-11-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed Skull**

Due to.....

Due to.....

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

Major findings: Of operations **NO**

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **11/8/47**

(c) Where did injury occur? **Carthage, Jasper Co**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place? **Public Place**
(Specify type of place)

While at work **NO** (e) Means of injury **Auto**

23. Signature **W. D. Berfelt** (M. D. or other) **NO**

Address **2114 Jasper** Date signed **11/9/47**

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

MAR 8 1948

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.....

M. Y. McCormick

Registered Apprentice No. *#17*

working under my personal supervision.

Signed.....

Gene C. Pugh
Gene. C. Pugh.

Licensed Embalmer No. *4231*

P. O. Address *Carthage, 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.