

No. 300
-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29104
Registrar's No. 304

FILED OCT 13 1948
Registration District No. 3010

Primary Registration District No. 3010

6
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau County
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME Larry Gene Tanner
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 30 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 4 hr. min.

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

10. Usual occupation Inf

11. Industry or business _____

MOTHER FATHER

12. Name Young Wild West Tanner
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen Harrison
15. Birthplace unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Young Wild West Tanner
(b) Address Portageville, Mo. B. 128

17. (a) Burial (b) Date thereof 10-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Holy Cemetery

18. (a) Signature of funeral director Lenore Funeral Home
(b) Address Campbell, Missouri

19. (a) 10-7-48 (b) G. G. Seemore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. P.O. Box 128
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1948 hour _____ minutes 5:00 A.M.
21. I hereby certify that I attended the deceased from Oct 3rd 1948, to Oct 4 1948;
that I last saw him alive on Oct 3rd 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Illeg Colitis Duration 45 hrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 1992

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) _____ (e) Means of injury _____

Signature D. Cochran (M. D. _____)
Address Cape Girardeau Mo. Date signed 10/7/48

RECEIVED

District Health Officer No. 4
District File Number 1048-1257
Date Filed 10-11-48

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.

Not Embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.