

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28182
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew, Registration District No. 13
 (b) Township..... Primary Registration District No. 4010 Registered No.....
 (c) City Savannah, (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.....
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Etchison Dorrell, 640

(a) Residence, No..... St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry A. Dorrell,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 4, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, 0
Missouri,

FATHER 13. NAME James Etchison, 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 1
North Carolina,

MOTHER 15. MAIDEN NAME Nancy Hartman,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,
Virginia,

17. INFORMANT (ADDRESS) Henry A. Dorrell
Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Cem. DATE August 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) Frank A. Bowman
Savannah, Mo.

20. FILED Aug 12, 1938 Wm A R Kieck 12
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to Aug 10th, 1938
 I last saw her alive on Aug 10th, 1938. Death is said to have occurred on the date stated above, at 1000 a.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of bowels (Carcinoma)
H62
 Other contributory causes of importance: Arterio Sclerosis S.K.

Name of operation none Date of.....
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Ja Hoshorn, M. D.
Savannah, Mo.

STATEMENT BY LICENSED EMBALMER

I, W E Summerfield, Licensed Embalmer No. 3007
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Aug 10, 1951
L. E. W E Summerfield
No. — or by —, Registered Apprentice No. —
working under my personal supervision.

Signed W E Summerfield
Licensed Embalmer No. 3007

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.)