

MISSOURI JAN 25 1939

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

44874
Do not use this space.

1. PLACE OF DEATH

(a) County North 2 Registration District No. 903
(b) Township Mitchell 1 Primary Registration District No. 4545
(c) City Grant (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME FANNIE BELLE CLEMENTS

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Clements</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28, 1873</u>			
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>50</u>	
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) <u>Aug. 1, 1938</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Mo.</u>			
13. NAME <u>John France</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, New York State</u>			
15. MAIDEN NAME <u>Belle Louise</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, New York State</u>			
17. INFORMANT (ADDRESS) <u>Robert Clements, Grant City</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant City, Mo.</u> DATE <u>Jan 2, 1939</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John C. Dumble, Grant City, Mo.</u>			
20. FILED <u>1-7</u> , 19 <u>39</u> <u>J. H. Mullins</u> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 2, 1938 to Dec 31, 1938
I last saw her alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 604 S. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of lungs Date of onset 1934

Other contributory causes of importance:
Breast amputation, 1932
Carcinoma

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. H. Mullins, M. D.
(Address) Grant City, Mo.

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.

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City 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, above space should be left blank.