

DEC'D AUG 18 1939

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

26213

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township \_\_\_\_\_ Primary Registration District No. 307 Registered No. 209  
(c) City Hannibal, Mo. (d) Street No. Levering Hospital 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. ds.

2. PRINT FULL NAME James Alva Fanning

(a) Residence, No. Perry, Missouri 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 Male 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 Flora Lee Fanning  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 20, 1886  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
53 2 16  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) XXX 11. Total time (years) spent in this occupation all

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

FATHER 13. NAME C. S. Fanning 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Missouri 0

MOTHER 15. MAIDEN NAME Eva Biggers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Missouri

17. INFORMANT (ADDRESS) Flora Lee Fanning  
Perry, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Creek DATE July 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyde C. Willey  
Perry, Missouri

20. FILED July 13, 1939 W. C. Fisher  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939

22. I HEREBY CERTIFY That I attended deceased from July 6, 1939 to July 6, 1939  
I last saw him alive on July 6, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 166

Other contributory causes of importance: blashed neck

Name of operation Suture neck wound Date of 6-39  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? smash Date of injury 7-6, 1939  
Where did injury occur? Perry, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cut self with razor  
Nature of injury Small wound result of self

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) J. H. ... M. D.  
(Address) Hannibal, Mo

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

**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, .....

*Clyde C. Wilbey*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Clyde C. Wilbey*

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.**