

DEC 15 1939

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

39575
Do not use this space.

1. PLACE OF DEATH

(a) County Spring Registration District No. 314

(b) Township Stampery MO Primary Registration District No. 4190 Registered No. 20

(c) City Stampery MO (d) Street No. _____ St.

(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 Mrs Mary Charlotte Lanning

(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 H 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (to name of (OR) WIFE OF) Jones Lanning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 27 1863

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

76 1 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Sanit Louis MO

13. NAME Daniel Bamboed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Dellman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Mabel Lanning
Stampery MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Stampery MO DATE 11/6 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Latough Phillips
Stampery MO

20. FILED 11/6 19 39 W. B. Seaman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 5 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to November 4, 1939
I last saw h. alive on Nov 4, 1939. Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Insufficiency

Date of onset 3

Other contributory causes of importance:
Arterio-sclerosis
Gastro-enteritis

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

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) R. F. Mulligan M.D.
(Address) Stampery, MO

K. 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.

By R. J. Malloy

RECEIVED

DEPARTMENT OF HEALTH Officer No. 11

ALBANY, N. Y. 1239-1641

DEC 6 1939

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

Leroy H. Phillips

Licensed Embalmer No. 1898

P. O. Address. Slaberry, N.Y.

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.