

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Bunceton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Life (Specify whether years, months or days)

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife John Larry 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased March 8 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Cooper County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Ragland O
 18. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Fanny Drew O
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Cooper
 (b) Address 1026 Brookland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-40
(Month) (Day) (Year)
 (c) Place: burial or cremation Bunceton, Mo.

18. (a) Signature of funeral director F. H. Perkins
 (b) Address Bunceton, Mo.

19. (a) 2-26-40 (Date received local registrar) (b) Ann Whitaker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
 (c) City or town Bunceton
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1940 hour unknown minute _____ M.

21. I hereby certify that I attended the deceased from not attended _____, 19____ to _____, 19____; that I last saw h. _____ alive on not seen alive _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis Duration unknown

Due to found dead in bed

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. C. Fincher M.D. (M. D. or other) Dr.
 Address Boonville MO Date signed Feb 24 1940

RECEIVED
DISTRICT CLERK JOHN OTTERR NO. 8
DISTRICT NO. _____
Date Filed 3/5/40

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed *Lucius F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville, 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.