MAY 15 1940

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

14158
Do not use this space.

1. PLACE OF DEATH
(a) County ANDREW Registration District No. 16
(b) Township ROCHESTER Primary Registration District No. 5020 Registered No. 5
(c) City ~~COSAY~~ RURAL (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. ds.
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2. PRINT FULL NAME MRS ETTA TANNER
(a) Residence, No. MAPLETON KANSAS St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. W. TANNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-1877

7. AGE: YEARS 62 | MONTHS 5 | DAYS 0 | If LESS than 1 day, ...hrs. or ....min.

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) UNKNOWN (STATE OR COUNTRY) ILL

FATHER
13. NAME J. C. MERCER
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)

17. INFORMANT L. W. TANNER (ADDRESS) ATCHISON KANSAS

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE MAPLETON KAS. DATE 5-7 1940

19. FUNERAL DIRECTOR (NAME) J. Fred [illegible] (ADDRESS) Savannah Mo.

20. FILED May 7 1940 Mrs. Vernice A. Pite Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1940

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939, to May 6, 1940
I last saw h. alive on April 25, 1940 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Occlusion	May 6
2. Myocarditis	2 years

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Other contributory causes of importance:
1. Chronic Nephritis
2. Decompensating Heart

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? .....
If so, specify .....
(Signed) Gilbert B. Kelley M. D.
(Address) Savannah Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11,
District File Number 540-721
Date Filed MAY 9 1940

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, J. Fred Tishune, or by

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

Signed J. Fred Tishune

Licensed Embalmer No. 1279

P. O. Address Savannah

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.