

Registration District No. 625

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
216 North Walnut
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits write "RURAL")
(d) Street No. 216 N. Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour 7 minute 0 P. M.
21. I hereby certify that I attended the deceased from Jan 29 1940 to May 26 1940
that I last saw her alive on May 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
General Debility

Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 H. M. Hall (M. D. or other) 1
Address Maryville Mo Date signed 5-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Martha Ellen Fanning 552

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John D. Fanning 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17, 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Coschocton, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Stonehoeker

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jane Elliott

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Griffith
(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof 5-28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bedford, Iowa

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.

19. (a) May 28-40 (b) M. E. Clardy
(Date received local registrar) (Registrar's signature)

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

Clin M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.