

Registration District No. 679

Primary Registration District No. 5819

Registrar's No. 10

JUL 19 1940

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Barnard Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Grant Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Barnard "Rural"
(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.

3. (a) PRINT FULL NAME Belle E. Fanning
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16 day June
year 1940 hour 3 minute a M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank S. Fanning 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept 21 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 1, 1939, to 6-16, 1940; that I last saw h. or alive on 6-12, 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 8 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of colon with metastases to liver
Due to _____
Due to 4/5

9. Birthplace Don't know (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Adeno Carcinoma of Descending Colon
Of autopsy no

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Asel Hogan 18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Singleton

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

16. (a) Informant's own signature Frank Fanning
(b) Address Rt # 3 Barnard Mo

17. (a) Burial (b) Date thereof 6-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norians Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 957 South Main Mayfield Mo

19. (a) June 19, 1940 (b) Chas. D. Humbert
(Date received local registrar) (Registrar's signature)

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? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

23. Signature J. M. Boyles (M. D. or other) _____
Address Concepts, Ind Date signed _____
(Specify type of place) (e) Means of injury _____

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

4
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 740-1207

Date Filed JUL 12 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, or by.....

W. Dean Campbell, Registered Apprentice No.....
working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville Miss

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.