

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE

MISSOURI STATE BOARD OF HEALTH

**STANDARD CERTIFICATE OF DEATH**

Campbell  
32793  
State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 284

**1. PLACE OF DEATH:**

(a) County Pettis  
(b) City or town Sedalia  
(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 20  
(Specify whether years, months or days) 40 yrs.

3. (a) PRINT FULL NAME Emma Dunning Fansler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Walter Davis 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased (Month) Oct. (Day) 30 (Year) 1863

8. AGE: Years 78 Months 4 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Wm.

11. Industry or business \_\_\_\_\_

12. Name Harvey Trumbo 13. Birthplace Ill.

14. Maiden name Mary Dunning 15. Birthplace Ill.

16. (a) Informant Dr. Walter Fansler

(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/40 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin (b) Address Sedalia

19. (a) 9/5/40 (Date received by registrar) (b) Wm. Harry Sneed (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pettis  
(c) City or town Sedalia (If outside city or town limits, write "RURAL")  
(d) Street No. 112 E 6 (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 3rd year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940 to 9-3-40, 1940.  
that I last saw her alive on 9-3-40 and that death occurred on the date and hour stated above.

Immediate cause of death embolism in coronary occlusion

Due to Branch pneumonia 10 days

Due to Influenza & Adenovirus

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94% 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? \_\_\_\_\_

23. Signature W. H. Campbell (M. D. or other) \_\_\_\_\_ Date signed 9-5-40

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-11-40

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.....

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

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sealala

**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, fact should be so stated above.**