No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43679

Registration District No. 750 Primary Registration District No. 4451 Registrar's No. 1720

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan (If outside city or town limits, write "RURAL" and name of township)

(c) Name ~~of hospital or institution~~: at home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether) In this community 27 years (years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, (b) County Ripley

(c) City or town Doniphan (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME HENRY ADDISON TANNER

3. (b) If veteran, name war No.

3. (c) Social Security No. 702-18-6341

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife MINNIE TANNER

6. (c) Age of ~~husband or~~ wife if alive 52 years

7. Birth date of deceased 6 (Month) 21 (Day) 1868 (Year)

8. AGE: Years 72 Months 6 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Troy, Lincoln (City, town, or county) Missouri (State or foreign country)

10. Usual occupation TELEGRAPH OPERATOR-AGENT.

11. Industry or business RAILROAD

FATHER
12. Name HENRY CLAY TANNER
13. Birthplace ~~Troy, Lincoln~~ EDWARDSVILLE ILL. (City, town, or county) ~~Missouri~~ (State or foreign country)

MOTHER
14. Maiden name ~~Emily~~ DRAKE
15. Birthplace ST. CHARLES (City, town, or county) Missouri (State or foreign country)

16. (a) Informant H. A. Tanner (Son)

(b) Address Doniphan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director H. Jordan

(b) Address Doniphan, Mo.

19. (a) Jan. 1-1941 (Date received by local registrar) (b) C. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1940, hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on 12-31-, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Edema of lungs	3 days
Due to: Endocarditis with mitral insufficiency (Chronic)	
Due to: Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 92 R

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Edw. Adamson (M. D. ~~or other~~)

Address Doniphan, Mo. Date signed 1-2-41

✓ (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 141115
Date Filed

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 F. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan

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.