No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25582

Registration District No. 546 Primary Registration District No. 5738 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural Spring Creek Tp. (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 / (Specify whether

In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 063

(a) State Mo (b) County Maries

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

(d) Street No. Rolla Route 2. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Eliza A. Fannon

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

4. Sex F. 1 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if Martin Fannon alive years

7. Birth date of deceased June 8 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Marion Trogdon
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Mary Whitlock
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Wm H. Fannon

(b) Address Vienna Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cem

18. (a) Signature of funeral director Nell Olson

(b) Address Rolla Mo

19. (a) July 25 1941 (Date received local registrar) (b) Dave A. Warner (Registrar's signature) 3485

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1941 hour 4 minute a M.

21. I hereby certify that I attended the deceased from 3/26/41, 19..., to 6/7/41, 19...; that I last saw her alive on 6/7/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse — Duration 4 hours

Due to Chronic Myocarditis — 6/4/41

Due to 93a — Unknown

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm Collins (M. D. or other) DO

Address Rolla Mo Date signed 6/7/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer, No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.