

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

FILED FEB 21 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3822
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 815
(b) Township Sandy Woods Primary Registration District No. 6064
(c) City R.F.D. Blodgett (d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 100 St. 0

2. PRINT FULL NAME Alfred Ralph Tanner

(a) Residence, No. R.F.D. Lelbourn St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Violet Tanner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1896
7. AGE YEARS 45 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

13. NAME Green Tanner

14. BIRTHPLACE (CITY OR TOWN) Perry Co. Tenn (STATE OR COUNTRY)

15. MAIDEN NAME Gambling

16. BIRTHPLACE (CITY OR TOWN) Perry Co. Tenn (STATE OR COUNTRY)

17. INFORMANT Ben Tanner Brother (ADDRESS) R.F.D. Blodgett

18. BURIAL, CREMATION, OR REMOVAL PLACE Maunds DATE Feb 3 1942

19. FUNERAL DIRECTOR (NAME) Rehders and co. (ADDRESS) New Madrid, Mo.

20. FILED 2-16- 1942 H. J. Neustadt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1942

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19...... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Natural Causes
Other contributory causes of importance: 932

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify St. Louis Police (Coroner)
(Signed) Oran Missouri
(Address).....

FEB 18 1942

NOV 6 1947

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 *L. H. Hudgins*

Licensed Embalmer No. *3803*

P. O. Address *The Medical M...*

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.