No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11005

Registration District No. 417 Primary Registration District No. 2002 Registrar's No. 97

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

49
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1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 hours (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma County: Ottawa 999 34 0
(c) City or town: Peoria (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: Carl William Fanning
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: C
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March 19, 1939 (Month) (Day) (Year)
8. AGE: Years 2yrs 10mo Months 10 Days 28 If less than one day hr. min.
9. Birthplace: Peoria, Okla (City, town, or county) (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
MOTHER FATHER
12. Name: Mr. Orville Fanning
13. Birthplace: Salina, Kansas (City, town, or county) (State or foreign country)
14. Maiden name: Mary Carver
15. Birthplace: Peoria, Oklahoma (City, town, or county) (State or foreign country)
16. (a) Informant: Orville Fanning
(b) Address: Peoria, Okla.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill, Aplena
18. (a) Signature of funeral director: Joseph Nichols
(b) Address: Picher, Okla
19. (a) 3-21-42 (Date received local registrar) (b) Gertrude Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1942 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from 3/16/42, 19 to 3/17/42, 19; that I last saw him alive on 3/16/42 11 P.M., 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Bronchial Pneumonia c effusion of left chest. Duration
Due to:
Due to: 107
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: Pus in Chest by trocher.
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: R. R. Newkirk M.D. (M. D. or other)
Address: 331 Frisco Bldg. Joplin Mo Date signed 3/17/42

(Licensed Embalmer's Statement on Reverse Side)

42-3-257

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. 820 Okla.

P. O. Address Fisher Okla.

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.