

FILED JAN 11 1943

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

Do not use this space.

41650

## 1. PLACE OF DEATH

County PULASKIRegistration District No. 290

Township

Primary Registration District No. 4427 8.5City Waynesville (No. 1)

File No.

Registered No. 8

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MARY ELLEN FANCHER(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward 0

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

FEMALE

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFJohn Fancher

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

OCT 17, 1854

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8817

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

home

10. Date deceased last worked at this occupation (month and year)

Mar. 1937

11. Total time (years) spent in this occupation

60

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

T. S. C. O. M. B. I. A. MISSOURI

## MOTHER

13. NAME W. Zack Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

? NY15. MAIDEN NAME ELIZA WILSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MILLER CO, MO17. INFORMANT Zed Fancher  
(ADDRESS) CROCKER, MO

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Crocker Cem DATE 11/26/4219. UNDERTAKER J. L. Hoops & Sons  
(ADDRESS) Crocker, Mo20. FILED Jan 6, 1943 Thomas M. O'Quinn  
1101 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 24, 1942

22. I HEREBY CERTIFY, That I attended deceased from

November 21, 1942 to November 21, 1942I last saw her alive on November 21, 1942 Death is saidto have occurred on the date stated above, at 4:30 am.

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

Myocardial In -stabilityHypertension

Date of onset

1900

Other contributory causes of importance:

Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 \_\_\_\_\_

(Signed) John A. Mikalovich, M. D.(Address) Crocker, Mo

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

FORM 10-22-36 I X0314

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.

RECEIVED

Pulaski County Health Officer

File Number 1-43-7

Date Filed 1-9-43