

S. No. 2
-11-10-39
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6274

State File No. _____

LED MAR 1 1943

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(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 62 Years.
years, months or days)

8. (a) PRINT FULL NAME Fannie Stater

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Stater 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased June 1 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name David Neff

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jaycox

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Stater

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Feb. 3, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Cemetery.

18. (a) Signature of funeral director Thos. P. Sheffer
(b) Address Sullivan, Missouri.

19. (a) 2/13/43 (b) Dillard Dillman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Bourbon, Rural.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1943 hour 12 minute 30 A.M.

I hereby certify that I attended the deceased from Sept 2- 1942 to Feb. 1 1943,
that I last saw her alive on Jan 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Duration 7 days.

Due to pyelo nephritis Duration 6 mos.

Due to retention of urine Duration 8 mos.

Other conditions Co. fracture of ankle Duration 5 mos.
(Include pregnancy within 6 months of death)

Major findings: Sept 2/1942 None 9/5/42 PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy None 9/5/42

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 028

(b) Date of occurrence 9/2/42

(c) Where did injury occur? Crawford Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place?
on farm.
While at work? Yes (Specify type of place) corn field
(e) Means of injury fall

23. Signature E. J. Proctor (M. D. or other) _____

Address Sullivan Mo. Date signed 2/13/43

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

36
04

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.....

Edgar W. Laffoon

Licensed Embalmer No.....

3394

P. O. Address.....

Sullivan, Mo

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.