S. No. 2
M—9-4-41
5-17-39
FILED AUG 7 1943

41
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25033

Registration District No. 133 Primary Registration District No. 5487 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany, Rural Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Bethany, Mo. Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mile north of Bethany
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Josephine Fanning

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race 1 white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Wm Mort Fanning

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 2 (Month) 7 (Day) 1883 (Year)

8. AGE: Years 60 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Harrison County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John W. Henry
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Walker
15. Birthplace do not know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Burke
(b) Address Bethany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director [signature]
(b) Address Bethany, Mo.

19. (a) July 24 '43 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1943 hour 6 minute 4 M.

21. I hereby certify that I attended the deceased from 4-21-43, 19, to 6-26-, 1943
that I last saw her alive on 6-26-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinomatosis

Due to Carcinoma of right breast

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

50

Duration

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 0

23. Signature H. R. Lydda, Jr. (M. D. ~~or other~~)
Address Bethany, Mo. Date signed 6-29-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 19

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.....3899.....

P. O. Address.....Bethany, 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, fact should be so stated above.