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V. S. No. 2
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 10 1943

Registration District No. 275Primary Registration District No. 5938Registrar's No. 13

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town Arlington Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Arlington Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community 60 Days years, months or days)

3. (a) PRINT FULL NAME Jackie Emmett Fanning.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 0 5. Color or race Wh. 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 October 12 1930
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
12 11 18 hr. _____ min.9. Birthplace Cameron, Missouri 0
 (City, town, or county) (State or foreign country)10. Usual occupation Student

11. Industry or business _____

12. Name Lloyd Fanning.13. Birthplace Denver Colo. 1
 (City, town, or county) (State or foreign country)14. Maiden name Virginia Bozarth15. Birthplace Pattonsburg, Missouri 0
 (City, town, or county) (State or foreign country)16. (a) Informant Lloyd Fanning(b) Address Arlington, Missouri17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1943
 (Month) (Day) (Year)(c) Place: burial or cremation Muddy Cem. Pattonsburg Mo., Highway 6618. (a) Signature of funeral director Null & Son Funeral Home(b) Address 508 West 8th St., Rolla Mo.,19. (a) 10-1-43 (Date received local registrar) (b) Jella Waechter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 071
 (c) City or town Arlington, Missouri 8
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
 year 1943 hour 8 minute 10 P.M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him in dead Sept. 30, 1943, 19____;
 and that death occurred on the date and hour stated above.Immediate cause of death Skull fracture (lf side)
Crushed Chest; Internal Hemorrhage.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident 081(b) Date of occurrence Sept. 30, 1943 8:10PM(c) Where did injury occur? Hi. Way 66 near Arlington
 (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of Injury Auto Accdnt23. Signature R. S. Null CoronerAddress Rolla, Missouri Date signed 10-1-43

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

S. L. M. Reed

Licensed Embalmer No.....

2297

P. O. Address.....

Rolla 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.