

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

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137823

FILED JUL 8 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2730

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 18 months
years, months or days)

3. (a) PRINT FULL NAME Elmer Lewis Fanning.

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Male m. 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona Fanning, 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased May 9 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	1	21	hr. min.

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

10. Usual occupation Conductor

11. Industry or business Railroad

MOTHER FATHER

12. Name Charles Fanning,

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

14. Maiden name Sarah Vephoe

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

16. (a) Informant Homer Fanning,

(b) Address 873 8th St., Richmond, Calif.

17. (a) Removal (b) Date thereof 7-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Kansas.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-30-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 42 Warner Plaza 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1944 hour 6:00 minute a. M.

21. I hereby certify that I attended the deceased from June 25
1944 to June 30 1944

that I last saw him alive on June 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial infarction
for acute coronary
occlusion
Due to 5 days

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
26. Signature Paul B. [unclear] (M. D. or other) MA.
Address 924 P. Bly. K.C. Mo. Date signed 6-30-44

Henry Rupp
Dr. Letz

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.....

P. O. Address.....

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.