No. 2
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17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21400

State File No.

Registration District No. 74 Primary Registration District No. 5297 Registrar's No. 32-15

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Holt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Holt 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FANNIE LEE Fulton

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Jan (Month) 18 (Day) 1865 (Year)

8. AGE: Years 79 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John H. Bailey
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Lucy Lewis
15. Birthplace L Ky (City, town, or county) 1 (State or foreign country)

16. (a) Informant Bess Momeyer
(b) Address 202 N. Liberty Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas city Mo

18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo

19. (a) 6-16-1944 (Date received local registrar) (b) Mrs A C Hartell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th.
year 1944 hour 5,30 minute P M.

21. I hereby certify that I attended the deceased from June-1-44, 19 to June-12-44, 19;
that I last saw her alive on June-12-44, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	24hrs
Due to Diabetis Mellitus	
Due to	

Other conditions (Include pregnancy within 3 months of death)
C. B. Dunkeson M.D.

Major findings:
Of operations
Of autopsy 61

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

23. Signature E. B. Dunkeson (M. D. or other)
Address Lathrop Mo Date signed 6-14-44

10 X

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.