

Registration District No. **333** Primary Registration District No. **3074** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Scott  
 (b) City or town Sikeston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
404 Tanner St  
 (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 MO (b) County Scott  
 (c) City or town Sikeston (If outside city or town limits, write "RURAL")  
 (d) Street No. 404 Tanner St (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country —

**3. (a) PRINT FULL NAME** WILLIAM SAYERS TANNER  
 3. (b) If veteran, name war —  
 3. (c) Social Security No. 491-16-2093

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 16  
 year 1944 hour 6 minute 05 P. M.  
 21. I hereby certify that I attended the deceased from 1939 19\_\_\_\_ to May 16 1944  
 that I last saw him alive on May 16 1944  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased: Oct 30 1898  
 (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
 Due to Chronic Cardio Vascular Disease  
 Duration 5 yrs  
10 yrs

**8. AGE:** Years 45 Months 6 Days 16  
 If less than one day hr. min.

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

10. Usual occupation Brain Buyer

11. Industry or business Milling Company

12. Name Chas S. Tanner

13. Birthplace New Hambury MO  
 (City, town, or county) (State or foreign country)

14. Maiden name Ella Sayers

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

16. (a) Informant Harrison Tanner

(b) Address Sikeston MO

17. (a) Burial (b) Date thereof 5-18-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Welch Funeral Home  
 (b) Address Sikeston MO

19. (a) 8/6/44 (b) Leone Largeau  
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 93d  
 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 —

23. Signature Howard M. Keady (M. D. or other) \_\_\_\_\_  
 Address Sikeston MO Date signed 7/17/44

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

052

RECEIVED

District Health Office No.

District File Number 844-1096

Date Filed 8-10-44

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address St. Louis 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.