

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1944
Registration District No. 184

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38241
Registrar's No. 37

Primary Registration District No. 4099

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Bucklin mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Bucklin 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME EUGENE EARL FANNING
3. (b) If veteran, name war -
3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 19
year 1944 hour 2:00 minute P.M.
21. I hereby certify that I attended the deceased from
4/11/42, 19, to 11/19/44, 19;
that I last saw him alive on 11/19/44, 19;
and that death occurred on the date and hour stated above.

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Juanita (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Dec 9 1923
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis since 5/23/44
Duration

8. AGE: Years Months Days If less than one day
20 11 10 hr. min.

Due to Acute myocarditis since 4/11/42.
Endocarditis.
Due to Inflammatory rheumatism Early 1942.

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 930
Of autopsy

10. Usual occupation Miner
11. Industry or business

MOTHER FATHER
12. Name Winifred Fanning 0
13. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Edna Holt
15. Birthplace Bucklin Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant E. D. Fanning
(b) Address Bucklin mo
17. (a) Burial (b) Date thereof Nov 21 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

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

18. (a) Signature of funeral director John F. ...
(b) Address Bucklin mo
19. (a) Nov 21 1944 (b) Wayne W. Cowan
(Date received local registrar) (Registrar's signature)

23. Signature W. C. ... (M. D. or other) D.O.
Address Bucklin, Mo. Date signed 11/21/44

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

APR 1 1947

DEC 28 1947

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..... *E. A. Larson*.....
Licensed Embalmer No. *4037*.....
P. O. Address..... *Bucklin, 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.