S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20393

State File No.

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 343

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 210 East Crowder Road 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40

(c) City or town Trenton 1 (If outside city or town limits, write "RURAL")

(d) Street No. 210 East Crowder Road 2 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Phoebe Anna Fanning

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John H. Fanning

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

7. Birth date of deceased Dec (Month) 1 (Day) 1863 (Year)

8. AGE: Years 81 Months 6 Days 19 If less than one day — hr. — min.

9. Birthplace Unknown (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Franklin Carroll 1
13. Birthplace Unknown (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Jessie Fanning Cunningham

(b) Address Mercer Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove, Trenton Mo

18. (a) Signature of funeral director Raymond A Dunn

(b) Address Trenton Mo

19. (a) June 21-1945 (Date received local registrar) (b) L. G. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1945 hour 1:15 minute 7 M.

21. I hereby certify that I attended the deceased from June, 1944, to June 20, 1945; that I last saw her alive on 6-20, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wm A Fuson (M. D. or other) WF

Address Trenton Mo Date signed 6-21-45

1330 (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.

RECEIVED
District Health Officer No. 11
District File Number .....
Date Filed .....

Signed .....

Licensed Embalmer No. 3424

P. O. Address Trenton 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.