

FILED SEP 25 1945
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **704**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9
2
6

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution: **SPRINGFIELD BAPTIST HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 WEEK**
(Specify whether years, months or days)

In this community **1 WEEK**

3. (a) PRINT FULL NAME **PHOEBE (JONES) FANNING**

3. (b) If veteran, name war **No**

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 **JOE FANNING**

6. (c) Age of husband or wife if alive **UNK.**

7. Birth date of deceased: **JUNE 27, 1890**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	2	7	hr. min.

9. Birthplace **Dalle Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Home**

12. Name **Andrew Stewart**

13. Birthplace **UNK. Tennessee!**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Fausch**

15. Birthplace **UNK. Tennessee!**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Fanning**

(b) Address **R#1 Walnut Grove Mo.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **9-7-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Sam E. Senseney Jr.**

(b) Address **9-8-5 Springfield Mo.**

19. (a) **9-8-45**
(Date received local registrar)

(b) **S. W. Handy**
(Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Greene**

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

(d) Street No. **R#1 - WALNUT GROVE**
(If rural, give location)

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

If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **4**
year **1945** hour **1:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **8:25 '45**
to **9:4**, 19**45**
that I last saw h. **alive** on **9/3**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cholecystitis**

Duration **3 wks**

Due to.....

Due to.....

Other conditions **Diabetes Mell.**
(Include pregnancy within 3 months of death)

Major findings: **no op**

Of operations **W**

Of autopsy.....

PHYSICIAN **UNK**

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 **Guy Hallaway** (M. D. or other) **MD**
Address **Springfield, Mo.** Date signed **9/8/45**

NOV 28 1945

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 Sam E. Senceny Jr

Licensed Embalmer No. 4094

P. O. Address Greenfield, 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.

X