. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30886

State File No.

FILED SEP 21 1945

Registration District No. 373 Primary Registration District No. 2253 Registrar's No. 107

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 209 days (Specify whether years, months or days)
In this community 209 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin 36
(c) City or town: Sullivan 4
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: FANNIE BUNVETTE REED

3. (b) If veteran, name war: no

3. (c) Social Security No.: unknown

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: December (Month) 4 (Day) 1873 (Year)

8. AGE: Years 71 Months 8 Days 12 If less than one day hr. min.

9. Birthplace: Cannon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: unknown unknown
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

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

16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State San., Mount Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Gerald Mo.

18. (a) Signature of funeral director: Tossea Home
(b) Address: Mt Vernon Mo.

19. (a) 8/20-45 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1945 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 20, 1945, to August 16, 1945, that I last saw her alive on August 16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: about 20 yrs.

Due to: Hemorrhage — terminal

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

23. Signature: Charles A. Bracher M.D. (M. D. or other)
Address: Mo. State San., Mount Vernon, Mo. Date signed 8-17-45

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 945-947
Date Filed SEP 19 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 By Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon 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.