5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1945

34250

State File No.

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 17

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: Embalmed City Sikeston (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 4 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennhis (b) County Shelby 999

(c) City or town Memphis 4 (If outside city or town limits, write "RURAL")

(d) Street No. 1103 N.Dunlap St. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Fannie Sanford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race C

6. (a) Single, widowed, married, divorced W V

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 16 (Day) 1877 (Year)

8. AGE: Years 68 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Atlanta (City, town, or county) Ga. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name E.D.Dewberry
13. Birthplace Atlanta (City, town, or county) Ga. 1 (State or foreign country)

MOTHER
14. Maiden name Luaner ?
15. Birthplace Atlanta (City, town, or county) Ga. 1 (State or foreign country)

16. (a) Informant Mrs Lilly Tate

(b) Address Morehouse,Mo.Gen'l Del.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/45 (Month) (Day) (Year)

(c) Place: burial or cremation Memphis,Tenn.

18. (a) Signature of funeral director J.O.Patterson

(b) Address Memphis,Tenn.

19. (a) 10-26-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 1945 hour 4 ~~[illegible]~~ 4 P.M.

21. I hereby certify that I attended the deceased from Sept 27 1945 to Oct 1 1945 that I last saw her alive on Sept 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 9/27/45

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) no

(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 J.P. Brandon (M. D. or other)

Address Essex, Mo. Date signed 10-2-45

1569 (Licensed E[illegible]imer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1145-321
Date Filed 11-6-45

NOV 9 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 EMbalmed, Registered Apprentice No. _____ working under my personal supervision.

Signed Hunter Albritto

Licensed Embalmer No. 4210

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2
9-...-2B
...1—3-45
I X43880

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

State File No. 34250

Registration District No. (242) Primary Registration District No. 15830 Registrar's No. 4

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural - West Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Mi. N.W. Morehouse, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Shelby

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

(d) Street No. 1103 N. Dunlap St
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Fannie Sanford

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased Sept (Month) 16 (Day) 1877 (Year)

8. AGE: Years 68 Months 0 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Housewife

FATHER
12. Name E. D. Dewberry
13. Birthplace Atlanta (City, town, or county) Ga (State or foreign country)

MOTHER
14. Maiden name Luanee
15. Birthplace Atlanta (City, town, or county) Ga (State or foreign country)

16. (a) Informant Mrs Lilly Lake
(b) Address Morehouse Gen'l Del

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Tenn

18. (a) Signature of funeral director J. O. Patterson
(b) Address Memphis Tenn

19. (a) ..... (Date received local registrar) (b) Thomas Sheeter Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day ..... year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Cerebral Hemorrhage

Due to .....

Due to 9/27/45

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 J. P. Brandon (M. D. or other) .....

Address Essex, Mo Date signed .....

SUPPLEMENTARY

34250