

S. No. 2
M-8-43
P. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10497**

FILED MAR 20 1946

Registration District No. **301**

Primary Registration District No. **6042**

Registrar's No. **2097**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **rural Varner**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles west of Naylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community **12 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley 91**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles W. of Naylor**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Martna Ann Fann**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **28**
year **1946** hour **1** minute **A.** M.

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **James S. Fann** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **May 3 1897**
(Month) (Day) (Year)

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.

8. AGE: Years **48** Months **7** Days **15** If less than one day
hr. _____ min. _____

Immediate cause of death **Apoplexy**
From family history didn't see before death.

9. Birthplace **Montgomery Co. Ark.**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation **House wife**

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name **Tom Counts**

Of autopsy _____

13. Birthplace **Orgeon Co. Mo.**
(City, town, or county) (State or foreign country)

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

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Fann**

(b) Address **Oxly, Mo.**

17. (a) **Burial** (b) Date thereof **2/20/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Antioch**

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor, Mo.**

19. (a) **2-27-46** (b) **E. B. Johnston**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **E. B. Johnston** (M. D. or other)

Address **Naylorville** Date signed **2-27-46**

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

3-10

277

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District: _____ Officer No. 5,
District File Number 346252
Date Filed 3-18-46

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 Sydney McCard
Licensed Embalmer No. 4079
P. O. Address Naylor, 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.