S. No. 2
M—8-43
5-17-39
X37823

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

FILED JUL 9 1946

State File No. 19777

Registration District No. 65 Primary Registration District No. 4115 Registrar's No.

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town TRIPLETT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 6 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County TANEY 106
(c) City or town HOLLISTER 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA TAVENNER
3. (b) If veteran, name war NO-6
3. (c) Social Security No. 494-20-4091
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JAMES W. TAVENNER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 11 (Day) 1881 (Year)

8. AGE: Years 65 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Triplett (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Teacher
11. Industry or business
FATHER
12. Name Wm. Jasper Crotts /
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Elizabeth Bittner
15. Birthplace Brunswick (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Christina C. Crotts
(b) Address Triplett Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation HOLLISTER, MO.
18. (a) Signature of funeral director RUSK FUNERAL HOME
(b) Address BROOKFIELD, MO.
19. (a) June 24 46 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25TH year 1946 hour 8 minute 1:00 A.M.
21. I hereby certify that I attended the deceased from JUNE 22, 1946, to JUNE 24TH, 1946; that I last saw her alive on JUNE 24TH, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
CARCINOMA (TYPE UNSPECIFIED) PRIMARY IN SIGMOID RECTUM WITH — UNK.
~~Due to~~ METASTASIS TO INTESTINAL LYMPH GLANDS AND LIVER
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 46d

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 2
23. Signature Kenneth L. Rosencrance (M. D. or other) DO
Address TRIPLETT, MISSOURI Date signed 6-25-46

56 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-46

JUL 16 1946

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 Harold B. Wright

Licensed Embalmer No. 3418

P. O. Address Brookfield, 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.