. S. No. 2
0M—5-43
ev. 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

State File No. 19962

FILED JUN 1 1946

Registration District No. 1208 Primary Registration District No. 2000 Registrar's No. 495

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: 2214 W. Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2214 W. Madison 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida May 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 John F. Fanning
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased May (Month) 6, (Day) 1872 (Year)
8. AGE: Years 74 Months 1 Days 4 If less than one day hr. min.
9. Birthplace Kokomo (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William Croussore
13. Birthplace UNK (City, town, or county) Indiana (State or foreign country)
14. Maiden name Mary Browing
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant William Fanning
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-12-46 (Date received local registrar) of M S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1946 hour 12 minute 50 p. M.
21. I hereby certify that I attended the deceased from 4-15, 1946, to 6-10, 1946, that I last saw her alive on 6-9, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	4 mos.
Due to Arteriosclerotic heart disease	Sev. yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary disease

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 Bruce Simmons (M. D. or other)
Address 600 Med. Arts, Springfield, Mo. Date signed 6-11-46

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.**