

FILED AUG 19 1946

State File No.

Registration District No.

Primary Registration District No. 3000

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community all her life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Gilbs
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME FANNIE MAY BOONE

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

4. Sex F / 1 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Sherman 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased Dec 31 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name A. J. Elmore
 13. Birthplace Bushville Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Stanford
 15. Birthplace Mt. Sterling Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Harry R. Agnew
 (b) Address Kirksville, Mo.
 17. (a) Burial (b) Date thereof 7-24-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilbs, Mo.
 18. (a) Signature of funeral director Summers & Swell
 (b) Address Kirksville, Mo.

19. (a) 7-31-46 (b) Kate Lambert
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1946 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 15, 1946, to July 21, 1946
 that I last saw her alive on July 21, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Duration 1 day
 Due to Myocardial failure weeks
 Due to Hypertension years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

V3B

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Harry R. Agnew (M. D. or other) P.O.
 Address 100 N. W. 1st St. Kirksville, Mo. Date signed 7-21-46

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

RECEIVED
District Health Officer No. 10
District File Number 8-10-1540
Date Filed AUG 14 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Wicksville 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.