S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36048

Registration District No. 7 — Primary Registration District No. 5087 — Registrar's No. 23

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Sprague Howard twp.
(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
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates.
(c) City or town Sprague.
(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 BELLE MAIN.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female!
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Felix Main
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov - 26 - 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Bates. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Samuel P. Wilson.
13. Birthplace Unknown. (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary K. Kelso
15. Birthplace Unknown. (City, town, or county) " (State or foreign country)
16. (a) Informant Felix Main.
(b) Address Sprague Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn, Rich Hill
18. (a) Signature of funeral director Boths.
(b) Address Rich Hill, Mo
19. (a) Nov 5 1946 (Date received local registrar) (b) Fern H Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th year 1946 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from Never, 19 to 19 that I last saw h. EV alive on Oct 29th 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	10 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None 94A
Of autopsy None

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 Wm. H. Allen (M. D. or other)
Address Fannie Mo Date signed 11/2/46

(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 Harold M. Douglass, Registered Apprentice No. 410, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.