

Registration District No. 290

Primary Registration District No. 2986

Registrar's No. 99

**1. PLACE OF DEATH:**

(a) County Pulaski  
 (b) City or town Rural (Tavern Township)  
(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 26 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pulaski  
 (c) City or town Rural  
(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 Allend Jack**

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 Widow  
 6. (b) Name of husband or wife Emery A. Jack 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 26, 1878  
(Month) (Day) (Year)

8. AGE: 

Years	Months	Days	If less than one day
<u>74</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Rushville, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Fields Davis  
 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name D. S.  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Griffin

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 11/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. D. HOOPS & SONS.

(b) Address Crocker, Mo.

19. (a) 11-21-46 (b) Reine B. McClintock  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 14  
 year 1946 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 15, 1946 to Nov. 14, 1946  
 that I last saw her alive on Nov. 12, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Fractured rt femur 1 yr  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
108

**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 \_\_\_\_\_

23. Signature Wm. A. Lould (M. D. or other) D. O.

Address Iberia, Mo. Date signed 11/19/46

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

NOV 26 1946

BEG 2 1946

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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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Greocher, 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.