V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8060

Primary Registration District No. 51340

Registrar's No. 483

11
9

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural, Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #4, St. Joseph /
(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 Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph, Rural 8
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 4 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JAMES THOMAS LANNING

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Fannie Belle

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased October (Month) 4, (Day) 1862 (Year)

8. AGE: Years 84 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Knoxville, (City, town, or county) Tennesee / (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business None

FATHER
12. Name John Lanning
13. Birthplace Unknown (City, town, or county) Tennesee / (State or foreign country)

MOTHER
14. Maiden name Elizabeth Campbell
15. Birthplace Unknown, (City, town, or county) Tennesee / (State or foreign country)

16. (a) Informant Louis A. Lanning (son)
(b) Address R.F.D. # 5, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City

19. (a) 4-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 28, year 1947 hour 10 minute :00 A. M.

21. I hereby certify that I attended the deceased from March 26, 1947, to March 28, 1947, that I last saw him alive on March 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	5 da.
Due to Upper respiratory infection	10 da.
Due to	
Other conditions Chr. myocarditis (Include pregnancy within 3 months of death) Previous Hypertension	?
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

930

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 0

23. Signature L. Grant (M.D. or other) MD

Address St. Joseph, Mo. Date signed 4-1-47

382

(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 Roland D. Clark, Registered Apprentice No. 530, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.