

No. 2  
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17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF DEATH CERTIFICATES  
**FILED APR 11 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8075**  
Registrar's No. **140**

Registration District No. **4B**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Poplar Bluff Hospital** (1)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 days**  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard** 10 30

(c) City or town **Puxico, Duck Creek T.S.**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) **1**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Marion A. Fann,**

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

4. Sex **M** **D** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MS**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Nov 21 1881**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **4** Days **8** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business **Jewelerman**

12. Name **No Data**

13. Birthplace **No Data**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dona Farrin**

15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Holand Fann,**

(b) Address **Puxico Missouri,**

17. (a) **Burial** (b) Date thereof **3 31 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Puxico Mo.,**

18. (a) Signature of funeral director **Watkins Service**

(b) Address **Puxico Mo.,**

19. (a) **4-1-47** (b) **R. M. ...**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**  
year **1947** hour **TWO** minute **15** M. **A**

21. I hereby certify that I attended the deceased from **3-26 1947** to **3-29 1947**  
that I last saw him alive on **3-29-47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertension & arteriosclerosis**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **83A**

Of autopsy **none**

Duration \_\_\_\_\_  
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 **0**

23. Signature **R. M. ...** (M. D. or other)

Address **Puxico, Mo.** Date signed **3-31-47**

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

MOTHER FATHER

55

RECEIVED

District Office No.

District Number 447-5

Date Filed 4-9-4

1971

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 *Lynnian Steele*  
Licensed Embalmer No. 2476  
P. O. Address *Wester 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.

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(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 \_\_\_\_\_ years, months or days

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

3. (a) PRINT FULL NAME Marion A Fann  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April 9  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lula Fann 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Nov 2 1878  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 66 Months \_\_\_\_\_ Days \_\_\_\_\_ (if less than one day)  
hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)  
18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_  
19. (a) 4-1-40 (b) R. W. Metree  
(Date received local registrar) (Registrar's signature)

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. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-8075.