

Jan 19847

FILED JUN 3 1947

Registration District No. 223

Primary Registration District No. 3074

State File No. _____

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:
412 N. Kingshighway 1
(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 _____
years, months or days 75 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 110

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 412 N. Kingshighway 1 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN LEWIS TANNER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
 year 1947 hour 6 minute 15 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-24 1947, to 4-24 1947,
 that I last saw him alive on 4-24 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration

8. AGE: Years 88 Months 1 Days 18 If less than one day _____ hr. _____ min.

Due to Myocardial decompensation

Due to _____

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

10. Usual occupation Farmer

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Tanner 9

13. Birthplace DK. 9
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Evans

15. Birthplace DK. 9
(City, town, or county) (State or foreign country)

Major findings: 93E

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Wilson

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 4 26 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Walter F. Home

(b) Address Sikeston Mo

19. (a) 5-28-47 (b) Mo. J. P. Sturges
(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 _____

23. Signature Alden August M.D. of other) _____
 Address 1172 E. Front, Sikeston, Mo. Date signed 5-26-47

RECEIVED
District Health Office No. 2
District File Number 547-785
Date Filed 5-29-47

JUN 4 1947

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Sikeston 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.