

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21316 ²⁴

FILED JUN 25 1947

Registration District No. 587

Primary Registration District No. 5572

Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 2 da
(Specify whether years, months or days) 58 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸
(c) City or town Kennett City ³
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) ⁸
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTIS FANN

3. (b) If veteran, name war World War #I 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced S ⁺
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4-12-1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 3 hr. min.

9. Birthplace Missouri - N. of Indep.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name David B. Fann
13. Birthplace Dont know Mo ⁰
(City, town, or county) (State or foreign country)
14. Maiden name Margaret White
15. Birthplace Dont know Ky. ¹
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Jackson County Home Records
(b) Address R.R. #4 Independence Mo
17. (a) Burial (b) Date thereof June 18, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Ott Mitchell
(b) Address 310 N. Main - Indep. Mo.
19. (a) June 20, 1947 (b) Donald C. Catshew
(Date received local registrar) (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 6:30 minute 9 M.
21. I hereby certify that I attended the deceased from
June 11, 1947 to June 16, 1947
that I last saw him alive on June 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro-enteritis

Duration

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

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 J.W. Beese (M. D. or other) 0
Address Independence Mo Date signed 6/16/47

JUL 3 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.