No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. H. Silsby
State File No. 37741
Registrar's No. 987

FILED DEC 12 1947

Registration District No. 8

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ill S. Weller (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) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2 (If outside city or town limits, write "RURAL") 6
(d) Street No. 540 W. Poplar (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Nannie Kanning
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Chas. F. Kanning
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased April (Month) 15 (Day) 1864 (Year)

8. AGE: Years 83 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Port Gibson (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Robert J. Dunbar
13. Birthplace (City, town, or county) Louisiana (State or foreign country)
MOTHER
14. Maiden name Mary K. Severs
15. Birthplace (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Mrs. Paul Jezzard
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 11-19-47 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1947 hour 1 minute 30p. M.

21. I hereby certify that I attended the deceased from May 15, 1947, to Nov 17, 1947, that I last saw her alive on Nov 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation 1 mo
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 0
Of autopsy None

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. H. Silsby (M. D. or other)
Address 205 St Louis St. Date signed Nov 18 47

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

Jefferson City Printing Co. (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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.