

FILED DEC 12 1947

Registration District No. 278

Primary Registration District No. 4413

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 83

(c) City or town Frankford 8  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME FANNIE ELLEN CORWINE

3. (b) If veteran, name war: ✓

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife EDWARD CORWINE

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

7. Birth date of deceased: Aug. 21 1855  
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Frankford, Miss. No. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Gabriel P. Mefford

13. Birthplace No. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Fisher

15. Birthplace No. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. G. Huttler

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof Nov. 22 '47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Feldaker Son

(b) Address Frankford, Mo.

19. (a) 12/5/47 (b) Bernice Collins  
(Date received local registrar) (Registrar's signature) 2741

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20<sup>th</sup>  
year 1947 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 19, 1947 to Nov 20, 1947  
that I last saw her alive on Nov 19, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senility

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

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

Major findings: Of operations CPB

Of autopsy \_\_\_\_\_

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 U

23. Signature H. J. Waters (M. D. or other) \_\_\_\_\_  
Address New London Mo Date signed 11-21-47

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

RECEIVED

District Health Officer No. 10

District File Number 12-47-1700

Date Filed DEC 1 0 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 Done Fields Meyers

Licensed Embalmer No. 4093

P. O. Address Frankford, 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.