

FILED JAN 5 1948

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **109 West Buffalo Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Most of her lifetime**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2203 South 3rd Street**  
(If rural, give location) **Died at 109 West Buffalo Street**  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **MRS BLANCHE DELLA FANCHER.**

3. (b) If veteran name war **NO.** 3. (c) Social Security No. **NONE.**

4. Sex **Female** 5. Color **white** 6. (a) Single, widowed, divorced, **widow**  
6. (b) Name of husband or wife **William L. Fancher** 6. (c) Age of husband or wife if alive **Deceased**  
7. Birth date of deceased **December 6th, 1890**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>J</b>	<b>57</b>	<b>-0-</b>	<b>16</b>	<b>---</b> hr. <b>----</b> min.

9. Birthplace **Decatur County, Iowa** (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **Home.**

12. Name **Macey Acton**  
13. Birthplace **Decatur County, Iowa.** (City, town, or county) (State or foreign country)

14. Maiden name **Hannah Hill.**  
15. Birthplace **Miller County, Missouri.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Maud Stout.**  
(b) Address **109 West Buffalo Street-**

17. (a) **Burial-** (burial, cremation, or removal) (b) Date thereof **12/26/47** (Month) (Day) (Year)  
(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **E.P. Sidenfaden**  
(b) Address **602 South 10th Street**

19. (a) **1-2-48** (Date received local registrar) (b) **E. G. Jenkins** (Registrar's signature) **382**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **22nd.** year **1947** hour **9** minute **10 PM.** M.

21. I hereby certify that I attended the deceased from **Viewed Dec 22nd 1947** to **19** that I last saw him **alive on** **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **gob**

Of autops

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? (Specify type of injury)

23. Signature **B.W. Tadlock** **Coroner** (M. D. or other) **King Hill Bldg** Address **St. Joseph, Mo.** Date signed **12/23/47**

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

MOTHER FATHER

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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

*Mollie E. Sidenfaden*

Licensed Embalmer No.

*14-235*

P. O. Address

*St. Joseph, 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.