. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19153

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 491

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: 910 University (Res) (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: 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 910 University (If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: No

3. (a) PRINT FULL NAME: Ruth Fanning
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Hal Fanning
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Jan. 4, 1902 (Month) (Day) (Year)

8. AGE: Years 46 | Months 5 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: David Shoe
13. Birthplace: — (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name: Carrie Ranson
15. Birthplace: — (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Mr Hal Fanning
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: Alma Lohmoyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 6-15-48 (Date received local registrar) (b) W E Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 12 year: 1948 hour: 7 minute: 45 A.M.
21. I hereby certify that I attended the deceased from January, 1947, to June 12, 1948; that I last saw her alive on 11 June, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Hypertensive Cardiovascular disease & Nephrosclerosis	
Due to: and Kidney failure	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: Stanley J. Coleman (M. D. or other) M.D.
Address: Springfield, Mo Date signed: 15 June 48

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 William R. Goodman, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Wurdle

Licensed Embalmer No. 2831

P. O. Address Springfield

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.