

No. 300
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5-17-39
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FILED OCT 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28834

Registration District No. 19

Primary Registration District No. 5063

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural, Barton City Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1, Iantha, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Iantha, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie C. Paige

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ruel H. Paige
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased October 19, 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Chittenango, New York
(City, town, or country) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Jefferson Johnson
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Utica, New York
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R. S. Paige
(b) Address Alexandria, La.

17. (a) Burial (b) Date thereof Sept. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barton City Cemetery

18. (a) Signature of funeral director Chiles Funeral Home
(b) Address Lamar, Missouri

19. (a) Sept 25 48 (b) Antonia Schuster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 23
year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 7/9/11 to 9/11, 1948
that I last saw her alive on 9/11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus
Due to proliferation of uterus
Due to _____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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. G. Eddleman (M. D. or _____)
Address Liberal, Mo Date signed 9/25/48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 6,
District File Number 1024-1125-
Date Filed 10-9-48

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

Clarence W. Child

Licensed Embalmer No. 3473

P. O. Address *Loma Mesa*

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.