

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4315

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>112</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>116 E Kansas</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>116 E Kansas</u>				d. STREET ADDRESS (If rural, give location) <u>116 E Kansas</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Somers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1878</u> <u>June 16 1878</u>			
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>7</u>		11. DAYS <u>27</u>		12. HOURS <u>27</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Wheeling Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Solomon Somers</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Gilbert</u>			14. NAME OF HUSBAND OR WIFE <u>Michael Somers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie D. Rubin Liberty, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 Hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>				DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>				" ? "	
ANTECEDENT CAUSES				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>11/27</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>f</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb 12</u> , 19 <u>49</u> , to <u>Feb 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>49</u> , and that death occurred at <u>3A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (In green or blue ink) <u>James H. McLaughlin M.D.</u>				23b. ADDRESS <u>Liberty Mo</u>			23c. DATE SIGNED <u>Feb 15 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 15 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 15 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>64</u> <u>O. R. ...</u>		ADDRESS <u>Liberty Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-24-49

STATEMENT BY LICENSED EMBALMER

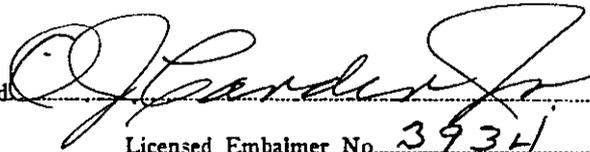
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

~~Student Embalmer No.~~ _____

~~working under my personal supervision.~~

~~Student~~ _____
Student Embalmer

Signed



Licensed Embalmer No. 3934

P. O. Address Liberty, 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.