FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11661

State File No.

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 30

1030

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bernie
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home , Bernie, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bernie 1030
d. STREET ADDRESS (If rural, give location): Bernie, Missouri 0

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Atlas
c. (Last): Tanner

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1884
9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Bernie, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Fenwick
13b. MOTHER'S MAIDEN NAME: Perrylee Deason
14. NAME OF HUSBAND OR WIFE: Husband S.J. Tanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: S.J. Tanner **ADDRESS**: Bernie, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Respiratory System — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 163X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1943, *to* Mar. 22, 1950, *that I last saw the deceased alive on* Mar. 22, 1950, *and that death occurred at* 5:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F O Killey (Degree or title) D O
23b. ADDRESS: Bernie, Mo.
23c. DATE SIGNED: 3-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-50
24c. NAME OF CEMETERY OR CREMATORY: Bernie Cemetery
24d. LOCATION (City, town, or county) (State): Bernie . Missouri

DATE REC'D BY LOCAL REG.: 3-31-50
REGISTRAR'S SIGNATURE: Velma V. Jenkins 409
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Watkins Funeral Service Bexter.

(Licensed Embalmer's Statement on Reverse Side)

M 4

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

S No. 300
V. 10.46

RECEIVED APR 6 1950
District Health Office No.
District File Number 450-2
Date Filed

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.