

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19514**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 652

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) 1219 Faraon St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1219 Faraon St.			

3. NAME OF DECEASED (Type or Print) Hettie L. Tanner			4. DATE OF DEATH (Month) (Day) (Year) June 15 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 3, 1862	9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Andrew County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Nathaniel H. Simpson	13b. MOTHER'S MAIDEN NAME Matilda T. Franklin	14. NAME OF HUSBAND OR WIFE John L. Tanner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Dr. Eugene S. Tanner, Tulsa, Okla

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion head of fingers.		ANTECEDENT CAUSES		3/20/47
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 Jaundice gl.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 3/20, 1947, to 6/10, 1951, that I last saw the deceased alive on 6/10, 1951, and that death occurred at 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank J. Vandeman MD	23b. ADDRESS 670 Kansas St.	23c. DATE SIGNED 6/18/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/1951	24c. NAME OF CEMETERY OR CREMATORY Flagg Springs Cemetery
24d. LOCATION (City, town, or county) (State) Andrew County, Mo.		

DATE REC'D BY LOCAL REG. June 21, 1951	REGISTRAR'S SIGNATURE Carl C. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Wheaton Bowman, Funeral Home - 2100 South Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

Dr. F. X. Hartigan

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 11th, 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.