

FILED JUL 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22225

State File No.

Registration District No. 577

Primary Registration District No. 5775

Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Monticau
(b) City or town Rural part of
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 80 year (Specify whether

In this community 80 year
years, months or days)3. (a) PRINT FULL NAME Elizabeth Francis

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 18 years 1840

7. Birth date of deceased Mar (Month) 18 (Day) 1840 (Year)

8. AGE: Years 95 Months 3 Days 4 If less than one day hr. min.

9. Birthplace La (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name William P Scott

13. Birthplace Tenn (City, town, or county) Tenn (State or foreign country)

14. Maiden name Dont Kugel

15. Birthplace Tenn (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Charles Francis

- (b) Address California MO

17. (a) Buried (b) Date thereof 6/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Hopkinton Tenn

18. (a) Signature of funeral director W. H. Adams & Friedman

- (b) Address California MO

19. (a) 7-3-40 (b) Nadine Latham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Monticau
(c) City or town Rural
(If outside city or town limits, write "RURAL")

- (d) Street No. 1 (If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)

If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22
year 1941 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from 1-22- 1934 to 6-22- 1941

- that I last saw her alive on 6-21- 1941

- and that death occurred on the date and hour stated above.

- Immediate cause of death Arteriosclerosis Duration 6 year

- Due to

- Due to

- Other conditions Fractured Hip
(Include pregnancy within 3 months of death)

- Major findings: None

- Of operations None

- Of autopsy Yes

PHYSICIAN

Underline the cause to 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?

- 509 (Specify type of place)

- While at work? (Specify type of place)

- (e) Means of injury

23. Signature H. R. Pober (M. D. or other) O

- Address California MO Date signed 6-23-41

(Licensed Embalmer's Statement on Reverse Side)

145 m.
99

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

H. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22225

Registration District No. 577

Primary Registration District No. 5775

Registrar's No. 1

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Elizabeth Francis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 6 yr.

Due to _____ 97
Due to _____

Other conditions Fractured hip
(Include pregnancy within 3 months of death)

Major findings: She had a fractured hip 8 or 10 years ago
Of operations _____
Of autopsy had never before able to walk since without Ambler

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? Moniteau CO Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? house

While at work? _____ (Specify type of place)

(e) Means of injury fall

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

