

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43240
State Mo
County Monmouth
California Mo
Do not use this space.

JAN 21 1941

PLACE OF DEATH
(a) County Monmouth
(b) Township Monmouth
(c) City California
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 571
Primary Registration District No. 4335

Registered No. 14

(d) Street No. 0 (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie May Francis

(a) Residence, No. California Mo St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barton Francis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-1880
7. AGE YEARS 60 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

FATHER 13. NAME Bluford Howlett

14. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Love

16. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

17. INFORMANT Lawrence Francis
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL Buried
PLACE Springfield DATE 12/8/40

19. FUNERAL DIRECTOR (NAME) William F. Truitt
(ADDRESS) California Mo

20. FILED 12-21-40 H. R. Popejoy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1940 to Dec. 7 1940

I last saw her alive on Dec. 7 1940 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Date of onset 12/6/40

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. H. Harrison S. O. M. D.
507 California, Mo

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 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, above space should be left blank.