

STANDARD CERTIFICATE OF DEATH

State File No. 7985

Registration District No. 1115

Primary Registration District No. 6021

Registrar's No. 3

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Rural - Knobloch  
(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 2  
In this community years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Francis McEluff Canterbury

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Canterbury 6. (c) Age of husband or wife if alive 92 years

7. Birth date of deceased Feb 18 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>11</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Home

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name ? McEluff  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. D. Griggs  
(b) Address Flourier Mo

17. (a) Burial (b) Date thereof Feb 6 '40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Knobloch Mo

18. (a) Signature of funeral director E. J. Welch  
(b) Address Fredericktown Mo.

19. (a) 2-6-40 (b) H. J. C. Kuebler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Frank Lick Community  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1940 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from 2-1  
to 2-4, 1940

that I last saw her alive on 2-4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death La Grippe or Influenza  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Cordiac Asthma  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? ✓ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. Harry Benson (M. D. certifier)  
Address Fredericktown Date signed 2/5/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

*was not embalmed*

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**