

REGISTRATION DISTRICT NO. 3030

Primary Registration District No. 3030

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 South First Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community All of Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Francis Marion Stotts

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Louise Stotts 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 8th, 1985
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 16 If less than one day
hr. min.

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

10. Usual occupation Land Owner

11. Industry or business Farming

12. Name Francis Marion Stotts

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

14. Maiden name May Swank

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

16. (a) Informant Mrs Louise Stotts

(b) Address Charleston, Mo

17. (a) Burial (b) Date thereof 9/26/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100F-Charleston

18. (a) Signature of funeral director Lair-Nunnelee

(b) Address Charleston, Mo

19. (a) 9-27-40 (b) J. J. Jernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 308 South First Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1940 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Sept 24
1940, to Sept 26, 1940;

that I last saw him alive on _____, 1940;

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

Immediate cause of death Coronary failure ✓

Due to Uremia ✓ 2 days

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? 745

(Specify type of place) _____

(e) Means of injury _____

23. Signature Paul J. Jernon (M. D. or other) ✓

Address Charleston, Mo Date signed 9/24/40

132

RECEIVED

District Health Officer No. 2

District File Number 1040-150

Date Filed 10/3/40

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 *E. E. Pennelee*
Licensed Embalmer No. *4164*
P. O. Address *Charleston, Mo*

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **32582**

Registration District No. **576**

Primary Registration District No. **3030**

Registrar's No. **134**

1. PLACE OF DEATH:

(a) County **Mississippi**
(b) City or town **Charleston**
(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 **Francis Marion Statts**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

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 **53** Months **3** Days **16** If less than one day..... 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) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month **Sept** day **24** year **1940** hour..... minute..... M.

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

Immediate cause of death **Cardiac failure**
Due to **Heart**
Due to **Jeremia - Chr nephritis** 2 yrs
6 yrs

Other conditions..... (Include pregnancy within 3 months of death) **131**

Major findings: Of operations.....

Of autopsy.....

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) Means of injury.....

23. Signature **Paul Statts** (M. D. or other) **MO**
Address **Charleston MO** Date signed **11/28/40**

SUPPLEMENTARY

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

