

FILED NOV 25 1940

Registration District No. 773

Primary Registration District No. 0018A

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, Rt. 2, St. Francois
(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
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Rural St. Francois Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day Oct.
year 1940 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to Oct. 20, 1940;
that I last saw him alive on Oct. 20, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity Duration _____

3. (a) PRINT FULL NAME None
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10-20-40
(Month) (Day) (Year)

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

9. Birthplace Farmington, Rt. 2, MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
12. Name George Williams
13. Birthplace St. Henry, MO
(City, town, or county) (State or foreign country)
14. Maiden name Anna L. Campbell
15. Birthplace St. Henry Co., MO
(City, town, or county) (State or foreign country)

16. (a) Informant George Williams
(b) Address RFD Farmington

17. (a) Marion Chapel (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marion Chapel

18. (a) Signature of funeral director C.H. Cozart
(b) Address Farmington, Mo.

19. (a) 10-21-40 (b) B.J. Robinson
(Date received local registers) (Registrar's signature)

Due to _____
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? Yes
(Specify type of place) _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or D. O. C.)
Address Farmington, Mo. Date signed 10-21-40

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

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

4

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.....

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.