

JAN 20 1940 532
Registration District No.

Primary Registration District No. **4318**

Registrar's No.

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.

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Zaplato
(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 years, months or days) 74 yrs 2

3. (a) PRINT FULL NAME Charles T. Francis
8. (b) If veteran, name war — 8. (c) Social Security No. —

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha T. Francis 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan 22 - 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name William Francis
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Selbergs
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Francis
(b) Address Zaplato Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 - 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Zaplato

18. (a) Signature of funeral director A. J. Christian 75
(b) Address Zaplato Mo

19. (a) Dec 30, 1940 (Date received local registrar) (b) Louise J. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Zaplato
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26 year 1940 hour 7 minuta 20 M.
21. I hereby certify that I attended the deceased from Nov 7, 1939, to Dec 26, 1940
that I last saw him alive on Nov 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Rectum -
Duration
Due to
Due to 46
Other conditions (Include pregnancy within 3 months of death)
Major findings: Secondary anemia -
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) (of Means of injury)
23. Signature H. O. Newson (M. D. or other) —
Address Zaplato Mo Date signed 12/29/40

RECEIVED

District Health Officer No. 10

District File Number 1-46-35-

Date Filed JAN 7 1941

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.