

Registration District No. **15**

Primary Registration District No. **1602**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kennett**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. Joseph's Hosp**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 month**  
(Specify whether)

In this community **6 mo.**  
years, months or days

3. (a) PRINT FULL NAME **FRENCH LOTTIE MAE**

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

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Joe French** 6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **April 4 1912**  
(Month) (Day) (Year)

8. AGE: Years **28** Months **11** Days **19** If less than one day **hr. min.**

9. Birthplace **Crescent** **Oklahoma**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **R J Fisher**

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

14. Maiden name **Mrs. Fisher** **4**  
(City, town, or county) (State or foreign country)

15. Birthplace **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe French**

(b) Address **1913 N. Allen**

17. (a) **rural** (b) Date thereof **3/16-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stillwater, Okla**

18. (a) Signature of funeral director **Geo F Porter**

(b) Address **915 N. 10 St, Kennett, Mo**

19. (a) **3/16/41** (b) **M. M. Crum**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wendell**

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

(d) Street No. **1913 N. Allen**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15** year **1941** hour **3** minute **50 p. M.**

21. I hereby certify that I attended the deceased from **October 14, 1940** to **3/15/41** that I last saw him alive on **3/15/41** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Haemorrhage**

Due to **Lung abscess**

Due to **non-tuberculous**

Other conditions **None**

Major findings: Of operations **Lung abscess**

Of autopsy **Lung abscess**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

48  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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, fact should be so stated above.**