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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15622

State File No.

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 89

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution Woodland Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Donlie K. Francis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced ✓ 0

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 17th (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 15 min.

9. Birthplace Moberly (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Ollie Francis
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Marjorie Poore
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ollie Francis
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 18th 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) Apl 18-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1941 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from April 15th, 1941, to April 17th, 1941;
that I last saw him alive on April 17, 11 pm, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to Spontaneous Rupture of Membranes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

154

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?
925 (Specify type of place)
While at work? (e) Means of injury

23. Signature J Will Fleming (M. D. [redacted]) 11
Address 300 1/2 W. Reed, Moberly, Mo. Date signed 4/18 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-1030
Date Filed MAY 20 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.