

No. 2
4-13-40
-17-39
X2315

FILED AUG 14 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Mo.
(c) Name of hospital or institution St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Ottawa
(c) City or town Fairland
(If outside city or town limits, write "RURAL.")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME HORACE FRANCE

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 Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 23 years (Day) (Year)

7. Birth date of deceased June 23 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months X Days 8 If less than one day 4 hr. 1 min.

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

10. Usual occupation Farmer

11. Industry or business "

12. Name Andrew France

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

14. Maiden name Martha Moore

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

16. (a) Informant Mrs. Emma Young

(b) Address Steph City Mo.

17. (a) Burial (b) Date thereof 7-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem.

18. (a) Signature of funeral director Walter Nelson

(b) Address Walt City Missouri

19. (a) 7-3-41 (b) Ed Young
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1-1941
year 19 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 28 to July 1, 1941.
that I last saw him alive on July 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis

Due to Ruptured appendix Duration 6-7 days

Due to 12:1

Other conditions 12:1
(Include pregnancy within 3 months of death)

Major findings: Peritonitis with ruptured gangrenous appendix
Of operations Peritonitis with ruptured gangrenous appendix
Of autopsy Peritonitis with ruptured gangrenous appendix
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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. A. Chenoweth (M. D. or other) _____
Address Joplin Mo Date signed 7/3/41

41-8-664

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. D. Hedge

Licensed Embalmer No. *2859*

P. O. Address *Wells Rtg. Mo.*

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.