

No. 2
-1-4-40
5-17-39
I X26390

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

Registration District No. 500

Primary Registration District No. 4303 5665

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Jefferson - Rural Twp
(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 _____
In this community 24 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Laclede, Mo. Rural
(d) Street No. 1 1/2 Miles N.W. of Laclede, Mo.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Othena Ann French

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 65 years
N.P. French

7. Birth date of deceased Mar. 6 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 24 hr. min.

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

10. Usual occupation Farm home work

11. Industry or business Farmers

12. Name Wm. Wallace Rountree
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Pitts
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. A. Beard
(b) Address Laclede, Mo.

17. (a) Burial (b) Date thereof July 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Missouri

18. (a) Signature of funeral director M. S. Phene L. No. 2873
(b) Address Laclede, Mo.

19. (a) July 15-41 (b) Mrs. Geo. O. Plowman
(By a received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1941 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from June 30
1941 to June 30 1941

that I last saw her alive on June 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration 2 hrs.

Due to Pulmonary infarct from fractured ribs. 1 wk.

Due to _____

Other conditions 465
(Include pregnancy within 3 months of death)

Major findings: 1035
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) accident

(b) Date of occurrence June 16 1941 (157)

(c) Where did injury occur? Laclede Linn Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home - Fall from steps
While at work? yes (Specify type of place) (e) Means of injury Fall

23. Signature J. K. Dixon M.D. (M. D. or other) 10
Address Linn Mo Date signed 7-8-41

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 Me
W.G.Thorne, Laclede, Mo., Registered Apprentice No. 2876
working under my personal supervision.

Signed.....

W.G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.