

DEC 22 1941 791
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Laclede
(c) City or town. Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 117 N. Jefferson
(If rural, give location)
(e) Citizen of foreign country?.....
If (yes, name country).....

3. (a) PRINT FULL NAME James Rollin Francis
3. (b) If veteran. name war. No. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. Nov. 7 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 9 0 7 hr. min.

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

10. Usual occupation. Dock Hand

11. Industry or business. Frisco Trucking Co.

MOTHER FATHER { 12. Name Silas Francis
13. Birthplace Stoutland Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Opal Sweatt
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Silas Francis
(b) Address. Lebanon, Mo.

17. (a) Removal (b) Date thereof. 11-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lebanon, Mo.

18. (a) Signature of funeral director. Albert H. Hoppe

(b) Address. 4700 Washington Ave.

19. (a) NOV 16 1941 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year. 1941 hour. 8 minute. 20 a.m.

21. I hereby certify that I attended the deceased from.....
Oct 31 1941 to Nov 14 1941
that I last saw him alive on Nov 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Respiratory failure. Duration 12 hr.
Due to. Pleural metastasis of Leucosarcoma; Hemorrhage 1 1/2 mo.
Due to. Leucosarcoma 2 mo.

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

Major findings: Of operations. H
Of autopsy. Leucosarcoma involving mediastinum + pleura. Splenomegaly.

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. 0

23. Signature David Wade Kerr (M. D. or other) MD
Address BARNES HOSPITAL Date signed

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.....

Wilford G. Burnley

Licensed Embalmer No. *4202*

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.