

Registration District No. 162

Primary Registration District No. 4457

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Collins Town
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair **93**
(c) City or town Collins **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George Mathew Francis

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

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Francis 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Dec. 21 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 25 If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Francis

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

14. Maiden name Aligail Raines

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

16. (a) Informant Lillian Francis

(b) Address Collins Mo.

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

(c) Place: burial or cremation Allen Cem. Joseph & Firestone

18. (a) Signature of funeral director _____

(b) Address Humansville Mo.

19. (a) Nov. 18 1941 (b) Mrs. C. L. Landaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 16th
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
The jury find that George Mathew Francis died as a result of gon shot wounds self inflicted
Due to _____
Due to _____

Duration

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

Major findings: _____
Of operations _____

Of autopsy no

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) Suicide
(b) Date of occurrence 11/16/1941
(c) Where did injury occur? Collins St. Clair Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In dining room at home

While at work? no (Specify type of place) (e) Means of injury gun shot

23. Signature James B. ...
Address ... Date signed 11/18/41

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

3
0
0

MOTHER FATHER

605

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1977

Date Filed 12-8-41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Paul Fuestone

Licensed Embalmer No. 3990

P. O. Address Collin, 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.