

FILED MAR 9 1942  
Registration District No. 2021

Primary Registration District No. 4406

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Appleton City  
(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 years, months or days) 24 yrs.

3. (a) PRINT FULL NAME CAROLINE French

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

4. Sex Female / 5. Color or race white  
6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Geo. French 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased. Mar 8 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Hazel Sand / Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name ANTHONY HAMMER  
13. Birthplace Don't know / Don't know  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know / Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Ignace French  
(b) Address Rockford, Mo

17. (a) Burial (b) Date thereof 3. 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARIS City Cemetery

18. (a) Signature of funeral director Osceola Coffin

(b) Address Osceola, Mo

19. (a) Mar 3-42 (b) Allyne Davidson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair  
(c) City or town Appleton City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2 year 1942 hour 6 P minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 1 1941 to Mar 2 1942 that I last saw her alive on March 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myasthenia Gravis acute enteritis

Due to:.....

Due to:.....

Other conditions (Include pregnancy within 3 months of death) 156 lb

Major findings: Of operations.....

Of autopsy.....

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?.....

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

23. Signature A. L. Hanson M. D. or other MD

Address Osceola, Mo Date signed 3-2-42

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

RECEIVED

District Health Officer No. 7,

District File Number 3-42-183

Date Filed 3-5-42

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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 Oscar Eckloff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.