S. No. 2
—9-4-41
. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9603

State File No.

FILED APR 25 1942

Registration District No. 1429 Primary Registration District No. 1002 Registrar's No. 1117

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Hour (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.: 3509 Benton Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mr John P. Francis
3. (b) If veteran, name war: None
3. (c) Social Security No. 705-05-4220
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary R. Francis
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: August (Month) 19th, (Day) 1883 (Year)

8. AGE: Years 58 Months 7 Days 18 If less than one day hr. min.

9. Birthplace: Baltimore (City, town, or county) Maryland (State or foreign country)
10. Usual occupation: City Passinger Agent
11. Industry or business: Alton & B&O Rail Road.
FATHER
12. Name: Albert Francis
13. Birthplace: Baltimore (City, town, or county) Maryland (State or foreign country)
MOTHER
14. Maiden name: Lorenna Dashielle
15. Birthplace: Baltimore (City, town, or county) Maryland (State or foreign country)
16. (a) Informant: Mary R. Francis
(b) Address: 3509 Benton Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: K. C. Mo.
19. (a) 4/9/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1942 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Duration of attack four hours. to 19..; that I last saw him alive on April 7, 1942 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to:
Due to: 94a
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: Coronary Thrombosis

Duration

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):
(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: [illegible] (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

FEB 1944

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.