

No. 2
-1441
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27279

FILED AUG 24 1942
Registration District No. 388

Primary Registration District No. 4228

Registrar's No. 37

1. PLACE OF DEATH:

(a) County. Howell town,
(b) City or town. Willow Springs, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community. About two years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Howell 46
(c) City or town. Willow Springs 7
(If outside city or town limits, write "RURAL") 0
(d) Street No. Center
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charlie Weller Francisco.

3. (b) If veteran, name war. 1st World War 3. (c) Social Security No. _____

4. Sex. Male 5. Color or race. W- 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Hattie Francisco. 6. (c) Age of husband or wife if alive. 58 years 27 1879

7. Birth date of deceased. August (Month) 27 (Day) 1879 (Year)

8. AGE: Years 62 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation. Civil Engineer.

11. Industry or business _____

12. Name Byron Francisco.

13. Birthplace. Kiantone, Penn (City, town, or county) (State or foreign country)

14. Maiden name. Eva Inbrnton.

15. Birthplace. Frewsburg, New York. (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Hattie Francisco.

(b) Address. Willow Springs, Mo.

17. (a) BURIAL (b) Date thereof. July 24, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation. Willow Springs City Cemetery

18. (a) Signature of funeral director. Burns & Son.

(b) Address. _____

19. (a) 7-24-42 (Date received local registrar) (b) Manette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 40 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 15, 1941, to July 21, 1942
that I last saw him alive on July 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion
Due to Angina Pectoris
Due to Essential Hypertension
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations. gfa
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. D. Paul (Physician's name) (M.D. or other) _____
Address Willow Springs, Mo. Date signed 7/24/42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

345 (Licensed Embalmer's Statement on Reverse Side)

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

46
26
0

MOTHER FATHER

P

RECEIVED

District Health Officer No. 5,

District File Number 542624

Date Filed 8-20-42

NOT RECORDED

RECEIVED

District Health Officer No. 5,

District File Number 842629

Date Filed 8-20-42

STATEMENT BY LICENSED EMBALMER

21

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 J.C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, Ind

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.