No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30355

State File No.

Primary Registration District No. 2000

Registrar's No. 650

39
2
6

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1011 W. Walnut (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 1011 W. Walnut (If rural, give location) 6

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM BRITTEN FRANCIS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M[illegible] 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife No Record

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased November (Month) 22 (Day) 1862 (Year)

8. AGE: Years 79 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business Illinois Central Railway

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. W. G. Spence

(b) Address 1011 W. Walnut Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/5/42 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Tennessee

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield Mo.

19. (a) 9-5-42 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th year 1942 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from Aug 2, 1942, to Sep 5, 1942; that I last saw him alive on Sep 5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Sclerosis

Due to Age

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Days / Years

94a

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) No

(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 Calvin T Williams (M. D. or other) M.D.

Address Springfield Mo Date signed 9-5-42

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(Licensed Embalmer's Statement on Reverse Side)

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 R H Greene

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.