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

1. PLACE OF DEATH:
 (a) County St. Francois County
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. State Hospital No. 4 2 Twf
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs. 2 das.
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT SARAH ANN FRENCH (ANNA FRENCH)
 FULL NAME

3. (b) If veteran, No No name war _____
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced. Unk. 9

6. (b) Name of husband or wife Charles L. French
 6. (c) Age of husband or wife if alive Dead 10 years

7. Birth date of deceased: 1861 (?)
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days _____
 If less than one day _____ hr. _____ min.

9. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Miles

13. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Layton

15. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital #4
 (b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Oct. 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem, Perryville,

18. (a) Signature of funeral director Albert Boy,

(b) Address Perryville, Mo.

19. Oct. 28, 1942 (b) Byrdia Buchner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Perry Co.
 (c) City or town Perryville, Mo. RURAL
(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.? No. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
 year 1942 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept. 10, 19 42 to Oct. 27, 19 42;
 that I last saw her alive on Oct. 27, 1942. 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Psychosis
 Due to Simple Deterioration

Duration 2 yrs.
 Due to _____
 Duration _____
 Due to _____
 Duration _____
 Other conditions _____
(Include pregnancy within 3 months of death)

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

While at work? _____ (e) Means of injury 0

23. Signature Otto A. Schutte, M.D. (M. D. or other) M.D.
 Address Farmington, MO. Date signed 10/27/42

RECEIVED

Sanitary Health Officer No. 3
Registration File Number 1142-1306
Date Filed 11-5-42

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 Albert Bey
Licensed Embalmer No. 3866
P. O. Address Perryville, 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.