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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11232

FILED MAR 27 1944

Registration District No. 1

Primary Registration District No. 3127

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 846 So. Hall 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 58 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 846 So. Hall 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Peter Francis

3. (b) If veteran, name war G. A. R.

3. (c) Social Security No. None

4. Sex M

5. Color or race W 0

6. (a) ~~Single, widowed, married, divorced~~ Widowed 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May (Month) 17 (Day) 1842 (Year)

8. AGE: Years 101 Months 4 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Weis (City, town, or county) France 5 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name No data
13. Birthplace No data 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No data
15. Birthplace No data 9 (City, town, or county) (State or foreign country)

16. (a) Informant Army Records
(b) Address .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City Mo

19. (a) Mar. 11, 1944 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 5
year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Feb 23, 1933 to Mch 5, 1944
~~that I last saw him~~ alive on March 4, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory failure - following influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 33a	

Major findings:
Of operations .....
Of autopsy .....

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 R. M. Stormont (M. D. ~~or other~~)
Address Webb City Mo Date signed 3/6/44

1180 (Licensed Embalmer's Statement on Reverse Side)

44-3-255

Stoneman

MAR 27 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 [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.