

FILED SEP 10 1946

Registration District No. 52

Primary Registration District No. 5110

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Ballinger
(b) City or town Rural Filmore
(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 _____ (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME EMMA ELIZABETH FRANCIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife W. L. Francis 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased MARCH 4 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Ballinger Co Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business _____

MOTHER FATHER { 12. Name William Patterson
13. Birthplace Ind. I
(City, town, or county) (State or foreign country)
14. Maiden name Jane Cox
15. Birthplace Ind. I
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Francis
(b) Address Grassy, Mo.

17. (a) Burial (b) Date thereof Aug. 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cem.

18. (a) Signature of funeral director: Baber Funeral Home
(b) Address Lutesville, Mo.

19. (a) Aug. 20 1946 (b) William H. VanLumburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ballinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Grassy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th
year 1946 hour 7:00 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb 1941 to Aug 9 1946
that I last saw her alive on Aug 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 48hrs

Due to Generalized Carcinoma Metastasis 2 yrs

Due to Primary Carcinoma of Rectum 6 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: H&D
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury U

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 8/16/46

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

Officer No. 4
File Number 946-2587
Filed 9-9-46

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.