

6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33067

State File No.

FILED NOV 6 1946
Registration District No. 73

Primary Registration District No. 4133

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Kearney 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1946 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 1
1946, 19... to Oct 14, 1946;
that I last saw h.e.r. alive on Oct. 14, 1946, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Artery Thrombosis 4 hrs.
Due to Arteriosclerosis 40 yrs.
Due to Chronic nephritis 30 yrs.

Other conditions
(Include pregnancy within 3 months of death)

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?

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

23. Signature N.R. Schuhmacher (M. D. or other) M.D.
Address Liberty Mo Date signed 10-16-46

3. (a) PRINT FULL NAME Laura Belle Francis

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

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

6. (b) Name of husband or wife William W. Francis 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 20 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 9 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Watkins

13. Birthplace Woodford Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha Seaver

15. Birthplace Woodford Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. P. Craig

(b) Address Kearney, Missouri

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

(c) Place: burial or cremation Fairview Cem. Kearney, Mo

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney Mo

19. (a) Oct 17 1946 (b) Marion Hayes
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

No.
District

District File Number

Date Filed 11-2-46

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.