DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34243

State File No.

Registration District No. 239 Primary Registration District No. 5955 Registrar's No. 70

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

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

In this community 16 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. in Town (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Harry Edward Francis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M. C.

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April (Month) 1st (Day) 1876 (Year)

8. AGE: Years 70 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Charles City Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Sign Painter, Paper agent

11. Industry or business Advance Manf'r Carnival

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

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

16. (a) Informant's own signature Kitty Francis

(b) Address Parma Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director Watkins Funeral Service

(b) Address Parma Mo

19. (a) 10/17/46 (Date received local registrar) (b) Dr Geo W Husted (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1946 hour 8 minute 00 A M.

21. I hereby certify that I attended the deceased from 8-15-46, 19__, to 10-13-46, 19__; that I last saw him alive on 10-13-46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial Degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
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 J H Gilbert MD (M. D. or other) MD

Address Parma Mo Date signed 10/17/46

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-1 I X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT REC[redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Office No. 2
District File Number 1146-1293
Date Filed 11-7-46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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, above space should be left blank.