

FILED APR 8 1947

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
650 S. Adams
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution always (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT A. FRENCH

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Sylvia Benton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 13 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 8 _____ hr. _____ min.

9. Birthplace Competition (City, town, or county) (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel French
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Nancy Shamel (City, town, or county) (State or foreign country)
15. Birthplace Benton Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant A. L. French
(b) Address Competition, Mo.

17. (a) burial (b) Date thereof 3-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Competition
Palmer's

18. (a) Signature of funeral director _____
(b) Address Lebanon, Mo.

19. (a) 3-29-47 (b) Geo Frankenberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 650 S. Adams 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 21 Mar 47 to 21 Mar 47
that I last saw him alive on 21 Mar 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion 1 day
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 947
Of operations _____
Of autopsy _____

Duration
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 _____
Signature Paul J. ... (M. D. or other) _____
Address Lebanon, Mo. Date signed _____

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

Received 4/3/47
Laclede County Health Unit
File No. 3-47-53
Date Filed 4/5/47

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 S. P. Palmer
Licensed Embalmer No. 2208
P. O. Address Laborer 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.