

No. 2
1-5-43
5-17-39
X36671

FILED JUL 10 1948

Registration District No. **5**

Primary Registration District No. **5829**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Atchison**

(b) City or town **Rural Lincoln**
(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 **33 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County _____ Page **999**

(c) City or town **Blanchard** **13**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **2**

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

If yes, name country _____

3. (a) PRINT FULL NAME **Etta Francis**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June**, day **22nd**
year **1948** hour **10-P.M.** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct, 1947**
1947, to **June, 22nd, 1948**

that I last saw **her** alive on **June 22nd 1948**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Sam Francis**

6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **January 27 1875**
(Month) (Day) (Year)

Immediate cause of death **Chronic Military Tuberculosis** **10 months**
Duration

8. AGE:

Years	Months	Days	If less than one day
73	4	25	hr. _____ min.

Due to _____

Due to _____

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

11. Industry or business _____

12. Name **Wm Hamilton**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Whisler**
(City, town, or county) (State or foreign country)

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Milo Francis**

(b) Address **Blanchard, Iowa**

17. (a) **Removal** (b) Date thereof **6-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blanchard Cemetery**

18. (a) Signature of funeral director **Edward Luke**

(b) Address **Westboro, Missouri**

19. (a) **6-23-48** (b) **Betty Leubner**
(Date received local registrar) (Registrar's signature)

Major findings: **22 a**
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: **0**

23. Signature **Edward Luke** (M. D. or other)

Address **Coin, Iowa** Date signed **6-24-48**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Ashley R. Tucker....., Registered Apprentice No. 478
working under my personal supervision.

Signed *Ashley R. Tucker*.....

Licensed Embalmer No. 2824.....

P. O. Address Westboro, Missouri.....

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.