

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26018

State File No.

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Breene
(b) City or town Republic
(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 6 yrs (Specify whether years, months or days)
In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Breene 39
(c) City or town Republic 0
(If outside city or town limits, write "RURAL") 9
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1948 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from December
31, 1947, to August 18, 1948;
that I last saw him alive on August 18, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Failure 3 years
Due to Cardio-vascular disease

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 930
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature Karl Leidinger, M.D. (M. D. or other)
Address Republic, MO Date signed 8/18/48

3. (a) PRINT FULL NAME Charles P. Francis

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 Married

6. (b) Name of husband or wife Mary Ann Francis 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 2 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Cameron, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Raising Stock

12. Name James W. Francis

13. Birthplace Halton, Kan
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Flapp

15. Birthplace Stewartsville, MO
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Francis

(b) Address Parisville, MO

17. (a) Burial (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindsey Cemetery

18. (a) Signature of funeral director R. E. Thurman

(b) Address Republic, MO

19. (a) Aug 21-48 (b) Blanca Britaine
(Date registered local registrar) (Registrar's signature) 105

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 48-8-64

Date Filed 8-30-48

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.....

John L. McNamee, Registered Apprentice No. 85
working under my personal supervision.

Signed RE Purman

Licensed Embalmer No. 509

P. O. Address Republic, 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.