

Registration District No. _____

Primary Registration District No. **5003**

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

1. PLACE OF DEATH:

(a) County Adair County, Missouri

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

(c) Name of hospital or institution:
Adair Co. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 1/2 days
years, months or days

3. (a) PRINT FULL NAME Clarence Wilbur Francis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M /

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: 2 / 17 / 1885
(Month) (Day) (Year)

8. AGE: 63 Years 8 Months 19 Days
If less than one day hr. _____ min.

9. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name James Francis

13. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cornmesser

15. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Francis

(b) Address 521 E. Davis, Bayan, Mont.

17. (a) removal (b) Date thereof Nov 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bayan Mountain

18. (a) Signature of funeral director Blum E. Penttson

(b) Address Green City, Missouri

19. (a) 11-10-48 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Montana (b) County Gallatin **999**

(c) City or town Bozeman **24**
(If outside city or town limits, write "RURAL")

(d) Street No. Gallatin Co. Route 3 **0**
(If rural, give location)

(e) Citizen of foreign country? NO **2** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1948 hour 12:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion **Duration**

Due to passed over-exertion

Due to _____

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

Major findings: 946

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 3

23. Signature F. R. Easley **Coroner**
(M. D. or other)

Address B. Bashaw, Tw Date signed 11/6/48

RECEIVED

District Health Officer, No. 10

District File Number 11-48-1948

Date Filed NOV 16 1948

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.....

Karl R. Gent

....., Registered Apprentice No. 243

working under my personal supervision.

Signed *Archie W. Wade*

Licensed Embalmer No. 3037

P. O. Address *Green City, 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.