

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16726**  
**2381**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2381</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>8 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>3301 Askew</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3301 Askew</b>							
3. NAME OF DECEASED (Type or Print) <b>Herman Francis</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>5/25/1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 14, 1895</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Month <b>1</b> Day <b>11</b>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b>		11. BIRTHPLACE (State or foreign country) <b>St. Clair County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charles Francis</b>			13b. MOTHER'S MAIDEN NAME <b>Maggie Horn</b>			14. NAME OF HUSBAND OR WIFE <b>Ethel Francis K.C. Mo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-18-6927</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ethel Francis 3301 Askew K.C. Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon monoxide Gas poisoning</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>3 hours</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2</b>
19a. DATE OF OPERATION <b>123</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Garage</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>K.C. Jackson Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 24 1950 4:30 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Inhalation of Carbon monoxide Gas</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>G. G. ROBINSON</b> (Degree or title) <b>G. G. Robinson M.D.</b>				23b. ADDRESS <b>Humasville Mo.</b>		23c. DATE SIGNED <b>5/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>5-29-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roseal</b>		24d. LOCATION (City, town, or county) (State) <b>Roseal Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-27-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.B. Goodrich Osceola Mo</b>		

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

AUG 23 1959

JUL 20 1959

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Ray Miller* \_\_\_\_\_

Licensed Embalmer No. *4492* \_\_\_\_\_

P. O. Address: *Osuda, 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.