

FILED JAN 12 1949

Registration District No. **243**

Primary Registration District No. **4364 5831**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Fairview, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **3 1/2** Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
(c) City or town **Fairview, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Sherman Francis**

3. (b) If veteran, name war: **--** 3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ida May Francis** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **September 30 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **4** If less than one day hr. _____ min. _____

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

10. Usual occupation **Retired Farmer**

11. Industry or business " " " "

12. Name **Samuel H. Francis**

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

14. Maiden name **Elizabeth Jane Gentry**

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

16. (a) Informant **Ida M. Francis**

(b) Address **Fairview, Mo.**

17. (a) **Burial** (b) Date thereof **1-5-49**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muncey Chapel Cem.**

18. (a) Signature of funeral director **Wm. Morris**

(b) Address **Wheaton, Mo.**

19. (a) **1-7-49** (b) **Alpha Dyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3**
year **1949** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 13** 1949 to **Jan 3** 1949
that I last saw him alive on **Jan 1** 1949
and that death occurred on the date and hour stated above.

Immediate cause of death: **Respiratory Paralysis**
Due to **Cerebral Hemorrhage**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: **331**
Of autopsy: _____

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)
(a) Means of injury _____

23. Signature **O. S. McCall** (M. D. or other) _____

Address **Wheaton, Mo.** Date signed **1-6-49**

WALL PAPER PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date filed _____
District File Number _____
149-17
New York Co Health
Officer No. _____
149-17
RECEIVED

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 Wm Morris Ogne

Licensed Embalmer No. 3442

P. O. Address Wheaton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.