

JAN 15 1940
Registration District No. 250

Primary Registration District No. 4150

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 Yr. 4 Months years, months or days)

3. (a) PRINT FULL NAME Frances Fannie Offield

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

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife W. F. Offield 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased October 7 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name George W. Barlow

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Laressa Burns

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leta Offield

(b) Address 2619-E-8th St. Harrison, Mo.

17. (a) Burial (b) Date thereof 12-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope & Sons & Sons Co.

(b) Address Gallatin, Missouri

19. (a) Dec. 23, 39 (b) H. H. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1939 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec. 10th 1938, to Dec. 22 1939; that I last saw him alive on Dec. 21 1939 and that death occurred on the date and hour stated above.

Immediate cause of death
Cholelithiasis Duration 3 yrs.
Due to Diabetes Mellitus 5 yrs.

Other conditions 54
(Include pregnancy within 3 months of death)

Major findings: 54
Of operations _____

Of autopsy Cholelithiasis
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) (a) Means of injury _____
23. Signature Lloyd E. Helton (M. D. or other) _____
Address Gallatin, Mo. Date signed 1/23/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District No. 11,

District File Number 140-1880

Date Filed JAN 11 1940

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.....

L. O. Rickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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, above space should be left blank.