S. No. 2
—11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23047

Registration District No. 875 Primary Registration District No. 6166 Registrar's No. 159

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ (Rural) Badger township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Badger township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 D (Specify whether
In this community 40 yrs
years, months or days)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 120 W. Garfield
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Alice Gertrude Franz

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 1 (Day), 1877 (Year)

8. AGE: Years 63 Months 2 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Phillip Witt
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Julia Horn
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Lula Edson

(b) Address 302 W. South St.

17. (a) Nevada Mo. (Burial, cremation, or removal) (b) Date thereof June 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo.

19. (a) 6-28-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1940 hour 10 minute 30A M.

21. I hereby certify that I attended the deceased from May 7, 1940, to June 21, 1940 that I last saw her alive on June 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Chronic Nephritis — Duration Dont Know

Due to ✓

Due to ✓ 121

Other conditions none.
(Include pregnancy within 3 months of death)

Major findings:
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? 7/15 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Love (M. D. or other)

Address Nevada Mo Date signed 6-26-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 7-40-10 41
Date Filed 7-5-40

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~~ Personally

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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

If this body is not embalmed, above space should be left blank.