

NOV 19 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35288  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 217  
(b) Township REPUBLIC Primary Registration District No. 4192 Registered No. \_\_\_\_\_  
(c) City REPUBLIC (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ULISSIS S FRENCH

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF SALLIE FRENCH  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 12th 1869  
7. AGE YEARS 70 MONTHS 9 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. doctor  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) 1940 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY)

FATHER 13. NAME J. J. FRENCH

14. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME CAROLINE GROVER

16. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY)

17. INFORMANT Mrs. U. S. FRENCH (ADDRESS) REPUBLIC

18. BURIAL, CREMATION, OR REMOVAL PLACE EVERGREEN DATE OCT. 9 1940

19. FUNERAL DIRECTOR (NAME) R. E. THURMAN (ADDRESS) REPUBLIC MO. 286

20. FILED 9/9 19 40 McBurtina Vance Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1940, to Oct 1940  
I last saw him alive on Oct. 7 1940. Death is said to have occurred on the date stated above, at 3:45 m.  
The principal cause of death and related causes of importance were as follows:

Terminal pneumonia  
Cardio-renal-vascular disease  
Other contributory causes of importance: 171

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Ronald J. Atkins M. D.  
(Address) Springfield, Mo.

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**

Greene County Health Office,

County File Number 40-11-96

Date Filed 11/13/40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**