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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4419

31
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17
9
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution;
Mississippi River Foot of Branch St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss. (b) County Franklin 000

(c) City or town Franklin XX 17
(If outside city or town limits, write "RURAL")

(d) Street No. Franklin 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Unknown White Male

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1941 hour 10 minute 50 A.M.

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced unk

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
unk alive _____ years

7. Birth date of deceased alt 1896-1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

alt 60-65 hr. min.

Immediate cause of death Asphyxiation due to drowning when deceased was found floating in the Mississippi River at the foot of Branch St. on May 3rd 1941 about 10:50 AM Duration _____
True cause plus and manner could not be determined

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

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

10. Usual occupation unk

11. Industry or business unk

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Janice F. Shannon

(b) Address 1300 Clark Ave

17. (a) Burial (b) Date thereof 5-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Field

18. (a) Signature of funeral director Patterson Bros.

(b) Address 30792 Lafayette

19. (a) MAY 27 1941 (b) _____ (Registrar's signature)
(Data received local registrar)

PHYSICIAN

Major findings: _____
Of operations: _____
_____ autopsy

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) Open Wound

(b) Date of occurrence unk 000

(c) Where did injury occur? unk (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no Public place

While at work? unk (Specify type of place) (e) Means of injury unk

23. Signature Alfred J. Perry (M. D. or other) _____
Address Highway Corcoran Date signed 5/22/41

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, fact should be so stated above.