

FILED JUL 8 1941

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22292

22292

Registration District No. 608

Primary Registration District No. 4362

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Fairview
 (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 _____
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Anna Sarah French3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Nathaniel French 6. (c) Age of husband or wife if alive 83 years7. Birth date of deceased Nov. 2 1858
(Month) (Day) (Year)8. AGE: Years 82 Months _____ Days 10 If less than one day
hr. _____ min. _____9. Birthplace Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Nathan Smith
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)
 14. Maiden name Not Known
 15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jane Smith(b) Address 625 31st K. C. Mo.17. (a) Burial (b) Date thereof Nov. 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dice Cem.18. (a) Signature of funeral director Wm. Marie Boger
(b) Address Wheaton, Mo.19. (a) June-13-41 (b) Ada Collins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
 (c) City or town Fairview
 (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 Nov day 12
year 1940 hour 2 minute 30 M.21. I hereby certify that I attended the deceased from Aug 1 1940
1940 to Nov 12 1940
that I last saw her alive on Nov 10 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma

Duration

1 1/2 yrs

Due to _____

Due to _____

Other conditions _____
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature John P. Eason (M.D. or other) 2 do.
Address Wheaton Mo Date signed Nov 28 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.

55
RECEIVED

District Health Officer No. 6,

District File Number 741-1027

Date Filed JUL 7 1941

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 Poje

Licensed Embalmer No. 3442

P. O. Address Wheeler St

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.