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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 377

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27380 3038

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution ——— (Specify whether years, months or days) 10

In this community ———

2. USUAL RESIDENCE OF DECEASED: 024 3 1

(a) State Missouri (b) County Clay

(c) City or town North Kansas City *- Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route #4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Roy C. France

3. (b) If veteran, name war no

3. (c) Social Security No. 486-03-3032

4. Sex male 10

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Lucille France

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased December 24, 1901
(Month) (Day) (Year)

8. AGE: Years 39 | Months 7 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Illinois City, Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation shipping clerk

11. Industry or business Fox Products Co.

MOTHER FATHER
12. Name John H. France
13. Birthplace Ill 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie E. Cobb
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille France
(b) Address Route 4 North K. C. Mo.

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 8-13-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 8/12/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1941 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19__, to Aug 10, 1941;
that I last saw him alive on Aug 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Obstructive stone

Due to 134a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Stone & infection in kidney

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) BMD

Address North Kan City Mo. Date signed 8/12/41

(Licensed Embalmer's Statement on Reverse Side)

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

Harold L. Posson, Registered Apprentice No.

working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.