DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29641

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 244

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

1. PLACE OF DEATH:

(a) County Vernon Washington

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

(c) Name of hospital or institution: V State Hospital No 3 (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) In this community 8 months 8 days

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Bates

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

(d) Street No. unknown (If rural, give location)

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

3. (a) PRINT FULL NAME DAISY-MAE-FRANSHAM

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex 1 female

5. Color or race white

6. (a) Single, ~~widowed~~, married, divorced Widow

6. (b) Name of husband or wife Herbert Fransham

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

7. Birth date of deceased June (Month) 22 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	1	17	— hr. — min.

9. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation housework

11. Industry or business none

FATHER
12. Name Isaac Aber
13. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Watts
15. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 10 (Day) 41 (Year)

(c) Place: burial or cremation Crescent Hill Cemetary

18. (a) Signature of funeral director Creath and Six

(b) Address Adrian Mo.

19. (a) Aug. 8 1941 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1941 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from Nov 30, 1940, to Aug 8, 1941; that I last saw her alive on Aug 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease.

Due to

Due to

131A

Other conditions Psychosis c̄ cerebral arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(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 Paul L. Barone (M. D. or other) M. D.

Address State Hosp No 3 Date signed Aug 8 1941

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 7,
District File Number 9-41-15 '91
Date Filed 9-4-41

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. 3650

P. O. Address Adrian Mn.

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.