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X25390

Registration District No. 416

Primary Registration District No. 5871 B

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town LaRussell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town LaRussell
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Tarvin French

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 12, 1936
(Month) (Day) (Year)

8. AGE: Years 5 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace McDonald Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Granville W. French

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

14. Maiden name Medah Tarvin

15. Birthplace Barry County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Medah French

(b) Address LaRussell, Missouri

17. (a) Burial (b) Date thereof 9/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Marionville, Mo. Mt. Olive Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxie, Missouri

19. (a) Sept 29, 41 (b) Mrs. James French
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1941 hour 7 minute 55 M.

21. I hereby certify that I attended the deceased from 4:30 A.M. Sept 20 1941 to Sept 20 7:55 A.M.
that I last saw him alive on Sept 20
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Cardiac dilatation

Due to Broncho pneumonia & spasmodic Croup

Due to Obstructed Sebum

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 W. J. E. Kilbane (Date received local registrar) DO

Address Sarcoxie, Mo. Date signed Sept 20

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

MOTHER FATHER

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..... *George B Orr*.....

Licensed Embalmer No..... *946*.....

P. O. Address..... *Mr Vernon 90*.....

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.