

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39231

Registration District No. 739

Primary Registration District No. 4441

Registrar's No. 4

## 1. PLACE OF DEATH:

- (a) County Ray  
 (b) City or town Candeur  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community 6 yrs  
 years, months or days)

## 3. (a) PRINT

FULL NAME Sarah Ellen Francis

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
 6. (b) Name of husband or wife Willis Francis 6. (c) Age of husband or wife if alive dead years  
 7. Birth date of deceased 9 15 1859  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 5 hr. min.

9. Birthplace Davi Lafayette Missouri  
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business 

12. Name Christopher Martin  
 13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ellen Halphill  
 15. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora F. Bruckley  
 (b) Address Candeur Mo17. (a) Burial (b) Date thereof 11/22/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crown Church18. (a) Signature of funeral director C. V. Gibson(b) Address Cruch Mo19. (a) 11-22-41 (b) E. Gibson, Dep  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Ray 89  
 (c) City or town Candeur  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20  
 year 1941 hour 7 minute 30 M.21. I hereby certify that I attended the deceased from  
11-20 19 41 to 11-20 19 41that I last saw h never alive on never 19 41

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Duration

Due to Coronary thrombosis

Due to

Other conditions Arterio-Sclerosis  
 (Include pregnancy within 3 months of death)

## Major findings:

Of operations 940

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) (a) Means of injury 023. Signature Jos J. Wood (M. D. or other) MDAddress Richmond, Mo. Date signed 11-22-41

1616

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 8,

File Number

Filed 12-22-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> ~~by~~ .....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*E. Libani*

Licensed Embalmer No: 4137

P. O. Address: Quirk Mo

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

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