

Registration District No. **431** Primary Registration District No. **3023**

1. PLACE OF DEATH:
 (a) County **Johnson**
 (b) City or town **Warrensburg, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Warrensburg Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 hours** (Specify whether
 In this community **3 hours** years, months or days)

3. (a) PRINT FULL NAME **Mildred Irene French**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **494-16-4805**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Richard French** 6. (c) Age of husband or wife if alive **40** years
 7. Birth date of deceased **Nov. 30, 1903**
 (Month) (Day) (Year)

8. AGE: Years **38** Months **1** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **El Paso, Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Saleslady**

11. Industry or business **J.C. Penny Co.**

MOTHER FATHER

12. Name **W.F. Moore**
 13. Birthplace **Iowa**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Edith Daisy Thornton**
 15. Birthplace **Mansville, Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothy Chambers**
 (b) Address **Sedalia, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 13/42**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Crown Hill, Sedalia, Mo.**

18. (a) Signature of funeral director **Suzanne Shultz**
 (b) Address **Warrensburg, Mo.**
 19. (a) **Jan 13-42** (Date received local registrar) (b) **Seal M. Williams** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **807 N. Grand St.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **11**
 year **42** hour **10** minute **20.0** M.
 21. I hereby certify that I attended the deceased from **1937**
 _____, 19____ to **Jan 11**, 19**42**
 that I last saw her alive on **Jan 11**, 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Air Embolism** Duration **20 min**
 Due to **artificial pneumothorax**
 Due to **Reumo - Tuberculosis**
 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 **R.F. McKinnis** (M. D. or other) **MD**
 Address **Warrensburg, Mo.** Date signed **1-11-42**

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

51
0
0

RECEIVED

District Health Officer No. 8.

District File Number

Filed 2-16-42

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.....

Carl Priest

....., Registered Apprentice No.

working under my personal supervision.

Signed *Carl Priest*

Licensed Embalmer No. 3878

P. O. Address Womensburg

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.