

Registration District No. 598

Primary Registration District No. 93555792A

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town RHYAN - MOREAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 71 yrs 1 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 11
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day June
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from about
Jan 1, 1941 to June 25, 1941
that I last saw him alive on June 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis system death
Duration _____

Due to Arterial sclerosis unknown
Due to _____

Other conditions Hypertension unknown
(Include pregnancy within 6 months of death)

Major findings:
Of operations 94a
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William H. French

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased May 26 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 31 If less than one day _____ hr. _____ min.

9. Birthplace Morgan (City, town, or county) 11 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William M. French / KENTUCKY

13. Birthplace 1 / KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name TALIFA B SPENCER

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof JUNE 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cem.

18. (a) Signature of funeral director J. F. K... ..

(b) Address Hopewell Ave

19. (a) 11-2-41 (b) Will F. Berry Jr.
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number: 12-41-2206

Date Filed 1-15-42,

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.....

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

Signed.....

W. T. Russell

Licensed Embalmer No.

1596

P. O. Address.....

Wesleyville, Me

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.