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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18470

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 143

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

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4

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 305 Broadway 0 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 _____ years, months or days) 1 day

2. USUAL RESIDENCE OF DECEASED: 69

(a) State Missouri (b) County Monroe 1

(c) City or town Monroe City 0
(If outside city or town limits write "RURAL")

(d) Street No. E. Summer St
(If rural, give location) 1

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

3. (a) PRINT FULL NAME Francis Alburtis Janes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November (Month) I (Day) 1875 (Year)

8. AGE: Years 66 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

FATHER
12. Name Alfred Grandson Janes
13. Birthplace Washington County (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Martha Elon Girtin
15. Birthplace Graves County (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs Anna Able
(b) Address Monroe City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/18.42 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe City, Mo

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo

19. (a) 5-21-42 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1942 hour about 8:30 A.M. minutes M.

21. I hereby certify that I attended the deceased from about 8:30 A., 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

94a

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? Hannibal (City or town) Marion (County) Mo (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 C. R. Armstrong (M. D. or other) acting Coroner
Address Hannibal Mo Date signed 5-19-42

1146 (Licensed Embalmer's Statement on Reverse Side)

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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, above space should be left blank.