

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41185

State File No. _____

Registrar's No. _____

FILED JAN - 6 1943

Registration District No. 205

Primary Registration District No. 10047

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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

8. (a) PRINT FULL NAME George Benjamin France
8. (b) If veteran, name war: ✓
8. (c) Social Security No. 48928-0739

4. Sex M 5. Color or Race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel France
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased June 6 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln Mo Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Joe France
13. Birthplace St Charles Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Anna Logan
15. Birthplace Warren Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. S. France
(b) Address Franklin Mo RFD 1
17. (a) Buried (b) Date thereof Dec 14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville Cem.
18. (a) Signature of funeral director Wentzville F & L Co
(b) Address 1 1/2 N of Wright City Mo
19. (a) 12/14/42 (b) Wentzville S. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 109
(a) State Mo (b) County Warren
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 N of Wright City
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st,
year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from _____
Coroner's Inquest
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Multiple Fractures
Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations none
Of autopsy none
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) accident
(b) Date of occurrence Dec 6, 1942
(c) Where did injury occur? Wentzville Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial - Automobile
While at work? Yes (Specify type of place)
(e) Means of injury crushed by truck
23. Signature A. P. Smith
Address St Charles Mo Date signed 12/14/42

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

Julius J. Neburg

Licensed Embalmer No.

3366

P. O. Address

Wright City Mo

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.