DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7964

Registration District No. 364 — Primary Registration District No. 6237 — Registrar's No. 7

ED MAR 11 1943

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Hickory Grove (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County Warren 3

(c) City or town Wright City Mo. (If outside city or town limits, write "RURAL")

(d) Street No. North-East of Wright City (If rural, give location)

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

3. (a) PRINT FULL NAME Edward Lee France

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M.

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 14 (Day) 1942 (Year)

8. AGE: Years | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Warren Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name George France
13. Birthplace Lincoln Co (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Nabel Matthews
15. Birthplace W Lincoln Co (City, town, or county) Mo O (State or foreign country)

16. (a) Informant's own signature ~~George~~ Henry France

(b) Address Wright City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville Mo Cem

18. (a) Signature of funeral director Nieburg F & W Co

(b) Address Wright City Mo.

19. (a) 2-3-43 (Date received local registrar) (b) Julius Nieburg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from , 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 Acute Bronichal Pneumonia

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.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Mrs F. A. Knigge - 3 Coroner (M. D. or other)

Address Warrenton - Mo - Date signed Feb 2 1943

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 1 X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.