

Registration District No. FILED MAY 26 1943

Primary Registration District No. 4322

1. PLACE OF DEATH:

(a) County Merced
(b) City or town Princeton
(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 all his life years, months or days

3. (a) PRINT FULL NAME Joe 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 widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Aug 29 1963 (Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lumberman

11. Industry or business _____

MOTHER FATHER {
12. Name William French
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Schaffer
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant George Lego

(b) Address Richardson Mo

17. (a) Burial (b) Date thereof April 28 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation early

18. (a) Signature of funeral director Paul Mess

(b) Address Princeton Mo

19. (a) H-30-43 (b) Jesse Alley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Merced
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25 year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Apr 10 1943 to Apr 25 1943 that I last saw him alive on Apr 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Older media acute

Due to _____

Due to Influenza

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations _____

Of autopsy NO

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) () Means of injury _____

23. Signature J M Perry (M. D. or other) Mo
Address Princeton Date signed 4/24

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

65
0

143

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 me

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

Signed Paul Mason

Licensed Embalmer No. 2634

P. O. Address Peru, 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, fact should be so stated above.