

S. No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17785

State File No. 39

Registrar's No. 39

REG. JUN 10 1943
Registration District No. 2006

Primary Registration District No. 30120

1. PLACE OF DEATH:

(a) County. Franklin

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

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 17 hrs.
(Specify whether)

In this community. 27 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Miller 66

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

(d) Street No. 622 E Newton Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME HERSCHEL EVERET FRANCIS

3. (b) If veteran, name war. none 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 04 45 minute M.

21. I hereby certify that I attended the deceased from May 14
1943, 19 to May 15 19 43

that I last saw him alive on May 15 19 43
and that death occurred on the date and hour stated above.

4. Sex. Male 5. Color or Race. White

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

6. (b) Name of husband or wife. Lucy Emma Francis 6. (c) Age of husband or wife if alive. 55 years

7. Birth date of deceased. Oct. 24 - 1898
(Month) (Day) (Year)

Immediate cause of death. Shock

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>6</u>	<u>21</u>	hr. <u> </u> min. <u> </u>

Due to Burns extensive body

Due to Boiler explosion

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation. Engineer

11. Industry or business. Rock Island R.R.

Major findings: Of operations. 180-1

Of autopsy. 25

MOTHER FATHER

12. Name. Oliver Francis

13. Birthplace. Montana Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name. Margaret KeRay

15. Birthplace. Montana Co Mo
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant. Mrs. Lucy Francis

(b) Address. Eldon Mo.

17. (a) removal & Burial thereof. 5-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Eldon Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 036

(b) Date of occurrence. May 14, 1943

(c) Where did injury occur? Franklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad

While at work? yes (Specify type of place) (e) Means of injury Burns

18. (a) Signature of funeral director. Otto Ho

(b) Address. Washington Mo.

19. (a) 5/15/43 (Date received local registrar)

(b) Fred H. Hatcher Deputy (Registrar's signature)

Signature OT J. J. J. M.D. (M. D. or other)

Address Washington Mo Date signed 5/13/43

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

6662

1181

JUL 27 1948

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 none
none, Registered Apprentice No. none
working under my personal supervision.

Signed Henry W. Otto
Licensed Embalmer No. 3560
P. O. Address Washington

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.