S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21946

Registration District No. 208 | Primary Registration District No. 4320 | Registrar's No. 33

64 2 0

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: 321 West Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64 2

(c) City or town: Palmyra 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 321 West Jackson Street
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Estelle French

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

4. Sex: Female | 5. Color or race: Negro | 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Hubbard French

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: February (Month) 15 (Day) 1893 (Year)

8. AGE: Years 50 | Months 4 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Palmyra (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: At home

11. Industry or business: ____

FATHER
12. Name: Sam Holmes
13. Birthplace: Shelby County, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Clara Mc Clary
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Hubbard French
(b) Address: Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra, Cemetery

18. (a) Signature of funeral director: Lewis Bros
(b) Address: Palmyra, Mo.

19. (a) 6/29/43 (Date received local registrar) (b) Mrs Margaret Medley Deputy (Registrar's signature)

1145-

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 24, 1943, to June 26, 1943 that I last saw her alive on June 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hem. — Duration: 1 hr

Due to: Malignant Hypertension

Due to: Myocarditis

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

Major findings:
Of operations:

Of autopsy:

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?

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

23. Signature: G V Rence (M. D. or other) DO

Address: Palmyra Mo. Date signed 6/29/43

(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.....Geo B. Lewis.....

Licensed Embalmer No.....2382.....

P. O. Address.....Palmyra Ills.....

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.