

Filed AUG 7 1943 10  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5771

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Rural - Marian Township  
(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 78 yrs. 1 Mo. 27 days  
years, months or days)

3. (a) PRINT FULL NAME John William French

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luella French 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 23 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months I Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Own Farm

MOTHER FATHER { 12. Name William Marian French  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Jane Shaffer  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Sney  
(b) Address Richard Mo.

17. (a) Burial (b) Date thereof July 22/43  
(Burial, cremation, or removal) Girdner Cemetery (Year)

(c) Place: burial or cremation Mercer Co. Mo.

18. (a) Signature of funeral director C. C. Scudder

(b) Address Lineville Iowa

19. (a) 23-43 (b) Jessie Pley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer  
(c) City or town Rural  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 13, 1943, to July 20, 1943; that I last saw him alive on Mar 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Apoplexy Sudden

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Mercer Mo Date signed 7-22-43

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

4  
20 100  
21 100

---

---

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 Amos L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Linville, N.C.

**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.**