

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4562

FILED FEB 18 1944

Primary Registration District No. 6093

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Shackelford, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.R. F.D.s
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 Years (years, months or days)

3. (a) PRINT FULL NAME Edna Elvin French

3. (b) If veteran, name war _____ # _____
3. (c) Social Security No. _____ # _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas P. French
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 31 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ira Blakely

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

14. Maiden name Irene McNahan

15. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas P. French

(b) Address Shackelford, Mo.

17. (a) Burial (b) Date thereof 1/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrowrock, Mo.

18. (a) Signature of funeral director J. L. L. L. L.

(b) Address Marshall, Mo.

19. (a) Jan 31-44 (b) Miss E. L. L. L.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Shackelford
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1938 to Jan 29 1944
that I last saw her alive on Jan 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus Duration 6 yrs

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?

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

23. Signature E. L. L. L. (M. D. or other)

Address Marshall, Mo. Date signed 1-29-44

1215 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

8-1948

SEP

RECEIVED

District Health Officer No 8,

District File Number

Date Filed

2-9-44

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, fact should be so stated above.