

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 13/194

Primary Registration District No. 3076

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Vernon  
 (b) City or town Nevada  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
336 W. Allison St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 75 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
 (c) City or town Nevada Mo 108  
 (If outside city or town limits, write "RURAL")  
 (d) Street 336 W. Allison 1/2  
 (If rural, give location) 2  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCIS MARION LOUALL

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louisa Louall (c) Age of husband or wife if alive 12 1/3 years

7. Birth date of deceased (Month) Oct (Day) 12 (Year) 1859

8. AGE: Years 84 Months 8 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fuelton Co Del 1 (City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Stephen Savall

13. Birthplace Del 1 (City, town, or county) (State or foreign country)

14. Maiden name Martha Swangle

15. Birthplace Del 1 (City, town, or county) (State or foreign country)

16. (a) Informant Louis Savall

(b) Address Nevada Mo

17. (a) Newton (b) Date thereof 6 21 44 (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Newton cemetery

18. (a) Signature of funeral director Fred Tom Bone

(b) Address Nevada Mo

19. (a) 6-29-44 (b) Fazel B. Burck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1944 hour 1 - 30 minutes 0 M.

21. I hereby certify that I attended the deceased from June 10 1944 to June 17 1944 that I last saw him alive on June 16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 7-D- Duration 7-D-

Due to Arteriosclerosis

Due to Advanced age.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations § 3a!

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 \_\_\_\_\_

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 J. M. Love (M.D. or other) \_\_\_\_\_

Address Nevada Mo Date signed 6/27/44

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

FEB 20 1950

RECEIVED

District Health Officer No. 7,

District File Number 6-44-783

Date Filed 7-8-44

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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed J B Fung  
Licensed Embalmer No. 1760  
P. O. Address Nevada 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.