

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Andrew
(c) City or town Rural-1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes/No)
If yes, name country

3. (a) PRINT FULL NAME Addie French

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

4. Sex F race W 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife S. M. U. C. French 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased April 17 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days - If less than one day hr. min.

9. Birthplace unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Smith
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Haller
15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis French
(b) Address Savannah, Mo.
17. (a) Burial (b) Date thereof 7-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore, Mo.

18. (a) Signature of funeral director E. C. Bleck
(b) Address Savanah, Mo.
19. (a) 7/18/44 (b) Helen J. Fickler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17 year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7-15-44 to 7-17-44, 1944
that I last saw him alive on 7-17-44 and that death occurred on the date and hour stated above.

Immediate cause of death App. Peritonitis Duration 7 days

Due to Ruptured appendix

Due to

Other conditions Diabetic Nephritis Albuminuria years

Major findings: Of operations Perforated appendix + peritonitis
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 Paul Jorgensen (M. D. or other)
Address St. Joseph, Mo. Date signed 7-15-44

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

MOTHER FATHER

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.