S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

M27259

State File No.

Registration District No. 42 Primary Registration District No. 1600 Registrar's No. 845

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Night (Hospital) (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 426 No. 16th. St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nora Jeannett Francis

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 21 (Day) 1933 (Year)

8. AGE: Years 10 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Lee Garrett Francis
13. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Chrystal Edna Jordan
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Lee G. Francis

(b) Address 426 No. 16th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 8/21/44 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1944 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 8, 1944 to Aug 19, 1944 that I last saw her alive on Aug 19, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	2 days
Due to Rheumatic Endocarditis	14 da
Rheumatic Myocarditis	14 da
Due to Acute Rheumatic Fever	36 da

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations None

Of autopsy Same with Passive Congestion of Viscera

58c

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 W Roger Moore (M. D. or other) M.D.

Address St Joseph, Mo Date signed 8/19/44

1397

(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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph 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.