. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31621

Registration District No. 205 Primary Registration District No. 4452 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Wentzville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wentzville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles
(c) City or town Wentzville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jean Evelyn France
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex 3 F.
5. Color or race Col.
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 Jan. (Month) 4 (Day) 1925 (Year)
8. AGE: Years 19 Months 8 Days 9 If less than one day hr. min.
9. Birthplace Wentzville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hick
11. Industry or business
FATHER
12. Name Benny France
13. Birthplace Wentzville, (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Emma Jones
15. Birthplace Wentzville, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.
18. (a) Signature of funeral director Lowe Und. Co.
(b) Address 3103 Washington, St. Louis, Mo.
19. (a) 9-19/44 (Date received local registrar) (b) Gertrude S. Foristell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1944 hour 12 00 minute M M.
21. I hereby certify that I attended the deceased from Apr. 1944, to Sept 1944
that I last saw her alive on 9/10 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	1 yr.
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 H C McCluney M. D. or other M.D.
Address Wentzville, Mo. Date signed 9/13/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-1-47

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address St. Louis, 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.