

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38297

State File No. _____
Registrar's No. 63

FILED DEC 7 1944
Registration District No. 206

Primary Registration District No. 3042

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) /

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Vada Lee 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 infant

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

7. Birth date of deceased. Oct. 27 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>X</u>	<u>X</u>	<u>18</u>	_____ hr. _____ min.
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9. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William A. Francis

13. Birthplace Fredericktown, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rena Haycraft

15. Birthplace Scott County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Francis

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 11/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Vine, Mo.

18. (a) Signature of funeral director Stanley H. Arizon

(b) Address Fredericktown, Mo.

19. (a) Nov 15 1944 (b) S. C. S. Caugheter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL") /

(d) Street No. 607 Allen
(If rural, give location) /

(e) Citizen of foreign country? no (Yes or No) /
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 14
year 1944 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 12
1944 to Nov 14 1944

that I last saw her alive on Nov 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel trouble Duration _____
from indigestion was
prematurely born
Due to and without a doctor.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 159

Major findings: _____

Of operations _____

Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) _____
(e) Means of injury no

23. Signature W. P. Barber M.D. or other _____
Address Fredericktown Date signed 11/15/44

(Licensed Embalmer's Statement on Reverse Side)

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

481

RECEIVED

District Health Officer No. 4

District File Number 1244-4612

Date Filed: 12-6-44

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 _____

Not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed

Stanley A. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.