V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19872

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 627

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: 4616 King Hill Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
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. 4616 King Hill Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Henry France
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 9
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie France
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4, 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	8	27	hr. min.

9. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business none
FATHER
12. Name Wells France
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Ophelia Denning
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Minnie France
(b) Address 4616 King Hill Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland
18. (a) Signature of funeral director Beatrice Gray
(b) Address 812 Pacific St.
19. (a) 6-4-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1945 hour 5 minute 30 p M.
21. I hereby certify that I attended the deceased from May 24 1945, 19..., to May 31, 1945; that I last saw him alive on May 31, 19 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 Yrs
Due to	
Due to	
Other conditions Interstitial Nephritis (Include pregnancy within 3 months of death)	Several Yrs

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 F. D. Sexton (M. D.)
Address 1923 Mesham St Date signed 6-4-45

1377

(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~~ 5/31/45

, Registered Apprentice No.

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4235

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.