S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28105

Registration District No. 255

Primary Registration District No. 5875

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Oregon

(b) Moose Thomasville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.

(If not in hospital or institution, write street number or location)

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

In this community 8 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Oregon 75

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

(d) Street No. R.F.D. Rural Moose Tw
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dwight Sanford French

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Mo

5. Color or race W

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 18 1937
(Month) (Day) (Year)

8. AGE: Years 8 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Oregon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Fred French
13. Birthplace Oregon Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nra White
15. Birthplace Atwood, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Fred French

(b) Address Thomasville Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 8/4-45
(Month) (Day) (Year)

(c) Place: burial or cremation Redburn

18. (a) Signature of funeral director Robertson

(b) Address West Plains Mo.

19. (a) 9/2 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
year 1945 hour about 2:00 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fell from horse struck in back of head by horses foot fracturing skull

Due to at base of brain. neck broken & chest crushed

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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) ✓ 75

(b) Date of occurrence 8/1-45

(c) Where did injury occur? on French Farm
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm ✓
(Specify type of place)

While at work? (e) Means of injury accident

23. Signature Leo Carr 3 Coon (M. D. or other)

Address Thayer Mo Date signed 8/1-45

111 3

(Licensed Embalmer's Statement on Reverse Side)

Carr

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 Paige D Robertson

Licensed Embalmer No. 3435

P. O. Address West Plains, 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.