

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40903

State File No. _____

Registration District No. 68

Primary Registration District No. 5266

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution:
U.S. Highway # 65 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1900 N. Franklin
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Richard Leon France

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1945 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 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 Aug. 5 1928
(Month) (Day) (Year)

Immediate cause of death _____

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>9</u>	<u>24</u>	hr. _____ min.

Due to Skull Fracture
a car wreck

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

10. Usual occupation Student

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

Major findings:
Of operations _____

MOTHER FATHER

11. Industry or business _____

12. Name Eyra France

13. Birthplace Mayfield, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Wingo

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

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Eyra France

(b) Address Springfield, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 212

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery Springfield, Mo.

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

18. (a) Signature of funeral director H.H. Lonmeyer

(b) Address Springfield, Mo.

19. (a) Nov. 1, 1945 (b) Loretta M. Leonard
(Date received local registrar) (Registrar's signature)

23. Signature J.W. Maples coroner
(M.D. or other)

Address Clever, Mo. Date signed Oct. 29, 45

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

RECEIVED
District Health Officer No. 6;
District File Number 1245-1149
Date Filed 12-12-45

FEB 1 1946

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 Walter E. Hamilla
Licensed Embalmer No. 3808
P. O. Address Springfield 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan 24
Registrar's No. 24

Registration District No. 68 Primary Registration District No. 5266

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rural Finley mo
(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 Richard L. France
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased aug 5
(Month) (Day) (Year)

8. AGE: Years 17 Months 9 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 Hour _____ Minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above. _____
Duration _____
immediate cause of death _____

The boy was riding in a Dodge pickup truck and the truck started to pass a chev. car and ran off on pavement and in getting back on pavement the sideswiped the car thus causing & in pulling wreck; xxxxxvment xxxxx

Major findings: is ~~XXXXXXXXXXXXXXXXXXXX~~ PLENENTARY
Of operations ~~XXXXXXXXXXXX~~ OPERATION
Of autopsy no SECTION CTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct. 28, 45
(c) Where did injury occur? On Hi way 65 between Ozark & Springfield
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 65
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature: J.W. Maples (M.D. or other) Coroner
Address: Clever, Mo. Date signed: 12-26-45

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

SUPPLEMENTARY

40903