

V. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1946  
STANDARD CERTIFICATE OF DEATH

State File No. 12393  
Registrar's No. 128

Registration District No. 47 Primary Registration District No. 3008

14  
1  
2  
11302  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(c) Name of hospital or institution:  
State Hosp no 1 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mo + 22 days  
In this community 4 mo 22 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel Mae French  
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 married  
6. (b) Name of husband or wife L. E. French  
6. (c) Age of husband or wife if alive DN years  
7. Birth date of deceased Feb 6 1887  
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 17  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Andrew Jackson Bregge

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

14. Maiden name Althea Whiteman

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

16. (a) Informant G. E. French

(b) Address Paris mo

17. (a) Burial (b) Date thereof 3-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris mo

18. (a) Signature of funeral director Chris Amundson

(b) Address \_\_\_\_\_

19. (a) 3-24-1946 (b) Joan Mouskoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Monroe 14  
(c) City or town Paris (rural) 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1946 hour 8 minute 59 M.  
21. I hereby certify that I attended the deceased from March 1  
1946 to March 22 1946  
that I last saw her alive on March 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations §30  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Forrest Thomas (M. D. or other) \_\_\_\_\_  
Address Fulton Mo Date signed 3/23/46

RECEIVED

District Health Officer No. 9

District File Number \_\_\_\_\_

Date Filed 4-18-46

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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 \_\_\_\_\_

Licensed Embalmer No. 3564

P. O. Address Union St

**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.