. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30623

State File No.

FILED SEP 18 1946

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 175

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 420 Cedar St/
(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 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 420 Cedar St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME WALTER FRENCH
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Susie L. French
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased November (Month) 23 (Day) 1888 (Year)

8. AGE: Years 57 Months 9 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation grocer
11. Industry or business Walter French Grocery
FATHER
12. Name Samuel C. French
13. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Frances Reno
15. Birthplace Pea Ridge (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Mrs. Susie French
(b) Address 420 Cedar, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 8-31-46 (Date received local registrar) (b) L. B. Clinton MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1946 hour 6 minute 50 p.M.
21. I hereby certify that I attended the deceased from June 1946 to Aug 28 1946 that I last saw him alive on Aug 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis - Uremia — Duration 2 Mo - 1 wk
Due to
Due to
Other conditions Myocardial insufficiency 1 yr ±
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 132

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 D. Russell Smith (M. D. or other) M.D.
Address Carthage, Mo. Date signed 8-30-46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-710

OCT 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 Emma R Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.