S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Gentry

State File No. 40222

Registrar's No. 947

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 457 Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 457 Cherry 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edmond C. Francis

3. (b) If veteran, name war

3. (c) Social Security No. 493-14-4958

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Martha Francis

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

7. Birth date of deceased March County 1 Ill 1873 is
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Cook County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Bookkeeper

FATHER
12. Name Edmond Francis
13. Birthplace Essex County England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarette Coplin
15. Birthplace Cobbib County England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Wilson
(b) Address Mt. Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/46
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Grove, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-27-46 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1946 hour 9 minute 15p. M.

21. I hereby certify that I attended the deceased from Aug 1946 to 11-24-46 1946
that I last saw him alive on 11-24-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency — Duration several years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

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 0

23. Signature M. L. Gentry (M. D. ~~or other~~)
Address 432 Med Arts Spgfd Mo Date signed 11-25-46

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Walter E. Hamilton

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.