

FILED FEB 10 1947

Registration District No. 226

Primary Registration District No. 3046

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 South High St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John Clinton Francis

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Francis 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept 1 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 19 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business.....

12. Name John T. Francis
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Scott
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Francis
(b) Address California, Mo.

17. (a) Burial (b) Date thereof Jan, 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemt, California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 1-20-47 (b) H. R. Poppey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 602 South High St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1947 hour 2/50 minute A M.

21. I hereby certify that I attended the deceased from May 3
1939 to Jan 19 1946
that I last saw him alive on Jan. 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature H. R. Poppey (M.D. or other) S.O.

Address California, Mo. Date signed 1/20/47

202

Date Filed 2-7-47

District File Number _____

District Health Officer No. **9**

RECEIVED

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 me

_____, Registered Apprentice No. _____, working under my personal supervision.

Signed Earl R. Paulin

Licensed Embalmer No. 2126

P. O. Address California 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.