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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14029
State File No. _____
Registrar's No. 158

Registration District No. 383 Primary Registration District No. 5655

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(c) Name of hospital or institution:
Missouri State Sanatorium
(d) Length of stay: In hospital or institution 1743 days
In this community 1743 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Mill Creek
(e) Citizen of foreign country? _____ (Yes or No)

3. (a) PRINT FULL NAME Myrtle Francis
3. (b) If veteran, name war no 3. (c) Social Security No. 317-16-0172

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3 year 1947 hour 8:40 minute P M.

4. Sex Female 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: (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24 19 42 to April 3 19 47 that I last saw her alive on April 3 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced pulmonary tuberculosis Duration 6 yrs.

8. AGE: Years Months Days If less than one day
25 3 3 hr. min.

Due to _____
Due to _____

9. Birthplace Madison County Missouri

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housework

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Ed Francis

13. Birthplace Madison County Missouri

14. Maiden name Fronia Ellen Pippin

15. Birthplace Madison County Missouri

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 4-3-47

(c) Place: burial or cremation Fredericktown Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt. Vernon Mo

19. (a) 4/4/47 (b) DR Philbrick

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 CE Hellweg M. D. (M. D. or other) _____
Address Mt. Vernon, Mo. Date signed 4-3-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 447-483

Date Filed APR 22 1947

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.