

FILED APR 30 1947

Registration District No. **366**

Primary Registration District No. **6242**

Registrar's No.

1. PLACE OF DEATH

(a) County Washington
 (b) City or town Blackwell Rural (Kingston)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 3 mi west of Blackwell
(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) 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington
 (c) City or town Blackwell State Route
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 mi west of Blackwell
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS ALBERT CLANCY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W 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 Apr 3 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Anna Arbor Mich
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Clancy
 13. Birthplace Providence R. I.
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Williamson
 15. Birthplace Anna Arbor Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Rud Clancy
 (b) Address Blackwell Mo

17. (a) Burial (b) Date thereof Apr 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Edmond B. Dietrich
 (b) Address St. Louis Mo

19. (a) 6-1-47 (b) Mrs S. S. Cresswell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
 year 1947 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Mar 11
 1945, to April 17, 1947;
 that I last saw him alive on March 19, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease
 Due to Essential Hypertension

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 94A
 Of operations _____
 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) _____
 Means of injury 0

23. Signature Rud Clancy (M.D. or other) M.D.
 Address St. Louis Mo Date signed 4/17/47

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 *Ornell B. Detrich*

Licensed Embalmer No. *4184*

P. O. Address *De Soto Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 266

Primary Registration District No. 6242

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Quail
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Francis G. Cloney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Day _____ (Unless than one day)
hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) June 1, 47 (b) Thos. G. F. Creswell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

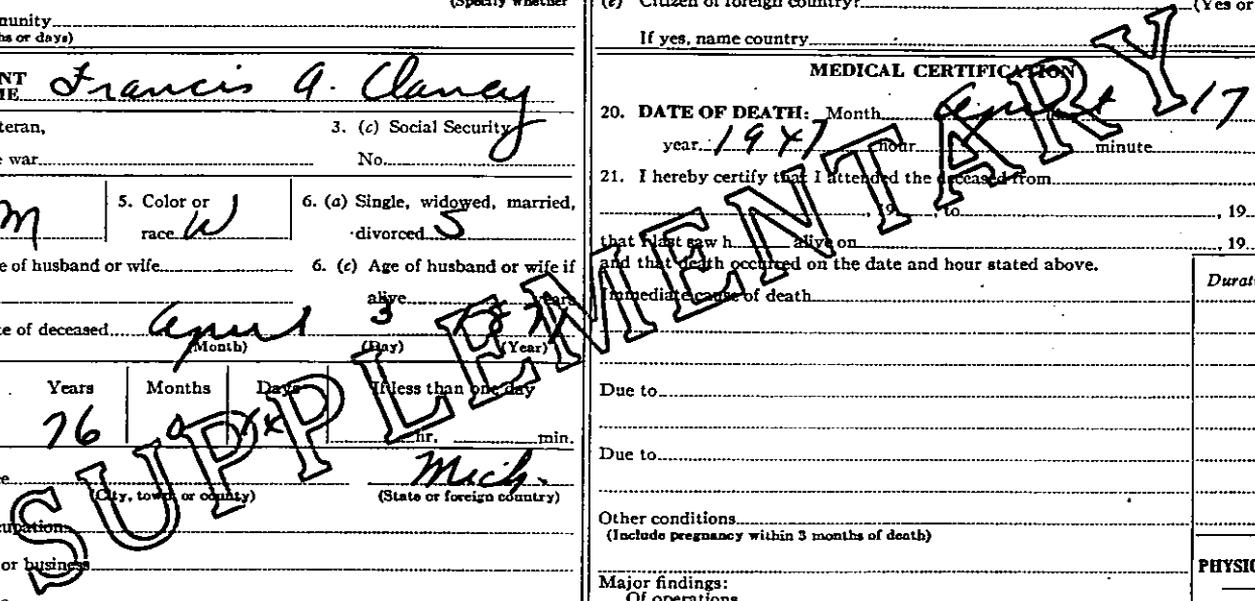
Major findings:
Of operations _____
Of autopsy _____

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

23. Signature _____ (M. D. or other) _____
Date signed _____



USE UNFADING BLACK INK—MAKE A PERMANENT COPY

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