

FILED MAY 26 1947

Registration District No. 229

Primary Registration District No. 4485

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Farmers Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(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 Oscar Henry Gendron

3. (b) If veteran, name war World War II 3. (c) Social Security No. 500-18-2259

4. Sex Male 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 March 14 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 11 22 hr. — min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Albert E. Gendron

13. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Dora Adams

15. Birthplace Farmers Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert E. Gendron

(b) Address Farmers Mo.

17. (a) Burial (b) Date thereof 3-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery, Texas, Mo.

18. (a) Signature of funeral director W. Kelley

(b) Address Farmers Mo.

19. (a) 3-13-1947 (b) Henry A. Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1947 hour 4-AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 In my opinion Duration
accidentally burned

Due to _____
Dug No. In house that
burned down

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

Major findings:
Of operations _____
Of autopsy 10/5

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) Accident, 100

(b) Date of occurrence March 8, 1947

(c) Where did injury occur? Farmers Scott Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
In Friends Home
(Specify type of place)

While at work? No (e) Means of injury 3rd degree burned

23. Signature Orville Taylor (Mr. D. or other) 3

Address Sikeston, Mo Date signed 3/13/47

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

MOTHER FATHER

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MAY 26 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.....

Licensed Embalmer No.....

P. O. Address.....

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.