

S. No. 2
M-8-43
v. 5-17-39
I X37829

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20522

State File No. _____

FILED JUL 2 1947

Registration District No. _____

Primary Registration District No. 4187

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Union 5
(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 _____

3. (a) PRINT FULL NAME Franklin E. Vincent

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Vincent 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 10, 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 9 13 hr. _____ min.

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

10. Usual occupation Shoemaker

11. Industry or business _____

12. Name Earl Frankline Vincent

13. Birthplace Quincy, Ill
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Shockley

15. Birthplace Marrison, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alma Vincent

(b) Address Union, Missouri

17. (a) Burial Removal (b) Date thereof June 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville, Missouri

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

(b) Address Union, Missouri

19. (a) June 26-1947 (b) F. J. Cooper E.F.C.
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1947 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Death due to cerebral aneurysm
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

114B
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 _____

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 2

23. Signature E. J. Ottman (M.D. or other) _____
Address Union, Missouri Date signed 6/27/47

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

36
5
0

RECEIVED
District Health Officer No. 9,
District File Number
JUN 30 1947
Date Filled

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. *2464*

P. O. Address *Washington 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.