

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30883

State File No.

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 83

38
2
0

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town King City
(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 years, months or days)

In this community All Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ovid Alexandra Francis.

3. (b) If veteran, name war no

3. (c) Social Security No. 497-30-5065

4. Sex Male 5. Color or race Cau

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec: 3, 12 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	8	11	hr. min.
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9. Birthplace King City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same

12. Name John Francis

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

14. Maiden name Mary Stewart

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

16. (a) Informant Bertha Francis

(b) Address King City Mo.

17. (a) Burial (b) Date thereof Aug. 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. G. Taggart

Address King City Mo.

19. Sept 2 - 1947 (Date received local registrar) (b) Harold W. Nebel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 38

(c) City or town King City 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1947 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 30 1947 to Aug 23 1947; that I last saw him alive on June 9 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2mo
Due to Coronary sclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: g. l. p.
Of operations _____
Of autopsy _____

Duration
2mo

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) Means of injury 0

23. Signature S. S. Backlock (M. D. initials)

Address King City Mo Date signed Sept 17

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address. King City 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.