No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

31204

State File No. 3865

FILED SEP 23 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3600 PARK AVENUE
(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 30 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3600 PARK AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country --

3. (a) PRINT FULL NAME JAMES A. FRENCH.
3. (b) If veteran, name war SPAMERICAN
3. (c) Social Security No. 500-03-2226
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ETHEL FRENCH.
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased JAN. 7 (Month) 7 (Day) 1879 (Year)

8. AGE: Years 68 Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace MT. STERLING (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business SHOWMAN
12. Name WILLIAM RICHARD FRENCH
13. Birthplace MT. STERLING (City, town, or county) KENTUCKY (State or foreign country)
14. Maiden name MARY ELIZABETH
15. Birthplace MT. STERLING (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant MRS. ETHEL FRENCH
(b) Address 3600 PARK AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-10-1947 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 9-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Cert. by off. H. C. Hall

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 8th year 1947 hour 1 minute A. 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.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner	
Major findings: Of operations	
Of autopsy History	

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A E Usher M.D. or other
Address 2800 Main Date signed 9/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jess T. Vaus

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson

State File No.
Local Registrar's No. 3865-47

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5th day of November, 1947, before me appears Mrs. Ethel French, who, upon her oath, states that the original record of ~~birth~~ death for James A. French, ~~born~~ died Sept. 8, 1947, in the State of Missouri, and which was filed at Kansas City on 9/10, 1947 should be corrected as follows:

Item No. 7 should read January 7, 1879
Instead of January 9, 1879

Item No. 8 should read 68-8-1
Instead of 68-7-39

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Ethel French
Relationship.

3600 Park (K.C. Mo)
Present Address.

Subscribed and sworn to before me this 5 day of November, 1947

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

S-31204