

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36733**
Registrar's No. **2403**

FILED OCT 17 1947

Registration District No. **324**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
219 East Porter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Since April 15, 1947 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline **97**
(c) City or town Marshall **1**
(If outside city or town limits, write "RURAL")
(d) Street No. 219 East Porter **2**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Daisy Francisco

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / 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 January 1st, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days I If less than one day hr. _____ min. _____

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

10. Usual occupation Retired School teacher

11. Industry or business _____

12. Name Henry Clay Francisco

13. Birthplace Bowling Green, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lama Thomas

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

16. (a) Informant Mrs R.M. Renaud
(b) Address 219 East Porter, Marshall Mo

17. (a) Burial (b) Date thereof Oct. 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Amphel Tom

(b) Address Marshall, Mo.

19. (a) Oct 4 - 47 (b) Sidney J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1947 hour 3:00 minute _____ AM/PM

21. I hereby certify that I attended the deceased from Sept 29, 1947 to Oct 2, 1947 that I last saw him alive on Oct 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Due to Ch. Branchitis
Due to C. Asthenia

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

Major findings: 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? _____

18. (a) Signature of funeral director _____ (Specify type of place) While at work? _____ (c) Means of injury _____

23. Signature Roy McQuinn (M.D. or other) Marshall Mo
Address _____ Date signed 10-27-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-16-47

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 _____

Joseph B. Meahles, Registered Apprentice No. 43,
working under my personal supervision.

Signed Jan. H. Dennis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.