No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4002

Primary Registration District No. 1000

Registrar's No. 237

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2533 So. 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 58 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2533 So. 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Edwin Griffith Francis
3. (b) If veteran, name war: No
3. (c) Social Security No.: 491-09-2393
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna E. Francis
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: December (Month) 13 (Day) 1881 (Year)

8. AGE: Years 66 | Months 2 | Days 8 | If less than one day: hr. min.
9. Birthplace: Hanover (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Mail Clerk
11. Industry or business: St. Joseph News Press

MOTHER FATHER
12. Name: William T. Francis
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Martha Griffith
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Anna E. Francis
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) Feb 25, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1948 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 2, 1948 to Feb. 21, 1948 that I last saw him alive on Feb. 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	6 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94B

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: J. R. Elliott (M. D. or other) M.D.
Address: 801½ Francis St. Joseph, Mo. Date signed: 2-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Joseph Wyland Jr.

Licensed Embalmer No. 4572

P. O. Address 1015½ Sylvania St. Joseph

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.