

FILED MAY 27 1948

Registration District No. 160

Primary Registration District No. 2021

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
204 E. Second st. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town De Soto
(If outside city or town limits, write "RURAL")

(d) Street No. 204 E. Second st.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mae Franey

(b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Thomas Franey

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

7. Birth date of deceased May - 19 - 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 21 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name M & Grath

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

14. Maiden name Katherine

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

16. (a) Informant Thomas Franey Jr.

(b) Address Lee Soto, Mo.

17. (a) Burial (b) Date thereof 5-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary (Lee Soto Mo)

18. (a) Signature of funeral director J. Lee Wootenhead

(b) Address Lee Soto, Mo.

19. (a) 5-24-48 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1948 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 12 May 1948 to 10 May 1948
that I last saw her alive on 9 May 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio pneumonia
Cerebral arterio-sclerosis
Duration 1 day
1 year

Due to Fract. left hip 4 days

Due to _____

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

Major findings: Of operations 16/10

Of autopsy _____

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) cont. ocular

(b) Date of occurrence 6 May 48 50

(c) Where did injury occur? De Soto Jeff. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

(Specify type of place) While at work? _____ (e) Means of injury Fall

23. Signature Marie Harris (M. D. or other) Dr. D.

Address De Soto Mo. Date signed 12 May 48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 26 1948

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 *Lee Motherhead*
Licensed Embalmer No. 3531
P. O. Address *Desoto miss*

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.