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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32390

FILED OCT 23 1948

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1209 Lee Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1209 Lee Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Annie M. Francis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife M.L. Francis 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October 7 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days _____ If less than one day
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis A. Smith
13. Birthplace Va
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Graves
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M.L. Francis
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Jefferson City, Missouri

19. (a) 10-12-48 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

20. DATE OF DEATH: Month Oct day 9
year 48 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1
2 1948 to 1 Oct 19 1948

that I last saw her alive on Oct 18 48
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiogenic Carcinoma Duration 10 mo.

Due to _____

Due to _____

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

Major findings: [Signature]
Of operations _____
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) _____

(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? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Jefferson City Mo Date signed 10/12/48

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

OCT 22 1948

RECEIVED
DEPT. HEALTH OFFICER NO.

JUN 2 1961

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.....

Edgar L Moseley....., Registered Apprentice No. *226*
working under my personal supervision.

Signed *G. M. Houser*.....

Licensed Embalmer No. *4579*.....

P. O. Address *Jefferson 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.