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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40757

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 19

**1. PLACE OF DEATH:**
(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 208 North Mine La Motte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 88 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Madison 62
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 208 North Mine La Motte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME William T. Francis
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Francis
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 5, (Day) 1860 (Year)

8. AGE: Years 88 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name Lawson Francis
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Jane Hosler
15. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Luther Francis
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Little Vine, Mo.
18. (a) Signature of funeral director Sam Najin, Jr.
(b) Address Fredericktown, Mo.
19. (a) 12-20-48 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 10 year 1948 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from Jan 6 at 1948, to Dec 10, 1948 that I last saw him alive on Dec 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration about 2 yrs
Due to
Due to 13 B
Other conditions ~~[illegible]~~ (Include pregnancy within 3 months of death) Cirrhosis of liver
Major findings: Of operations Arteriosclerosis accidental = broken left hip ~~Of autopsy~~ about 1 yr ago but had good recovery

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? (e) Means of injury
23. Signature N Harry Barron (M. D. ~~or other~~)
Address Fredericktown Mo Date signed 12/18/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1949

RECEIVED

Health Officer No. 4

Registrar's File Number 1248-161

Date Filed 12-29-48

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 Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Me

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**