

FILED SEP 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30791
Registrar's No. 159

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage)
c. LENGTH OF STAY (in this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage
d. STREET ADDRESS (If rural, give location) 231 No. Garrison Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) FRANCES b. (Middle) ELLEN c. (Last) FRENCH
4. DATE OF DEATH (Month) (Day) (Year) Sept 13, 1950

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed
8. DATE OF BIRTH April 27, 1871 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR 4 Months IF UNDER 24 HRS. 15 Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) Pea Ridge, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME L. P. Reno
13b. MOTHER'S MAIDEN NAME Elizabeth Atchley
14. NAME OF HUSBAND OR WIFE Samuel Calvin French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. V. D. McKinney, 231 N. Garrison

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile dementia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis -
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fracture of right hip
INTERVAL BETWEEN ONSET AND DEATH
3 to 4 years
2-3 years
595 y
7 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident (11)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 20 1950 m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? fall onto floor

22. I hereby certify that I attended the deceased from Feb. 20, 1950, to Sept. 13, 1950, that I last saw the deceased alive on Sept. 13, 1950, and that death occurred at 8 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Z. Schell MD
23b. ADDRESS Carthage, Mo
23c. DATE SIGNED 9-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial (11)
24b. DATE 9-15-50
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery
24d. LOCATION (City, town, or county) (State) Carthage, Mo.

DATE REC'D BY LOCAL REG. 9-16-50
REGISTRAR'S SIGNATURE L. B. Clinton, M.D. 139
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

193
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RECEIVED 9-19-50

Jasper County Health Office

County File Number 50-9-670

Date Filed 9-20-50

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.