

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32653

State File No.

FILED NOV 13 1950

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1245

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3224 Penn Street</u>		d. STREET ADDRESS (If rural, give location) <u>3224 Penn Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Erlin</u> b. (Middle) <u>Edward</u> c. (Last) <u>Francis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 12, 1903</u>		9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Months Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Partner Retail Grocery.</u>		11. BIRTHPLACE (State or foreign country) <u>Bethany, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edward Francis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane McCray</u>	
14. NAME OF HUSBAND OR WIFE <u>Catherine C. Francis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine C. Francis</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>57/10</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1998	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7/7 1950, to 11/1 1950, that I last saw the deceased alive on 11/1 1950, and that death occurred at 5:05P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Nardigan, MD</u>		23b. ADDRESS <u>620 Francis St. Joseph, Mo.</u>		23c. DATE SIGNED <u>11/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>Nov. 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casati</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>	
				ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *****

.....
**** * *****
working under my personal supervision.

Student Embalmer No. *****

Signed *Raymond W. Marchea*

Signed.....

Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.