No. 300
10.48

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

FILED AUG 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29137

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4452 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY St. Charles 0920 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wentzville, MO
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wentzville MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wentzville 0720
d. STREET ADDRESS (If rural, give location) Wentzville, MO

3. NAME OF DECEASED (Type or Print) a. (First) Bennie b. (Middle) Joseph c. (Last) France

4. DATE OF DEATH (Month) (Day) (Year) 8 - 8 - 52

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-4-1929
9. AGE (In years last birthday) 23 — If under 1 year: Months 6, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Isial Contractor
11. BIRTHPLACE (State or foreign country) Wentzville, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Bennie Joseph France
13b. MOTHER'S MAIDEN NAME Emma Juanita Jones
14. NAME OF HUSBAND OR WIFE Ethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WORLD WAR #2
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Ethel France ADDRESS Wentzville, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries suffered in an — INTERVAL BETWEEN ONSET AND DEATH (0)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) automobile accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 092
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wentzville, St. Charles, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 8 1952 12PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

an inquest on August 9, 1952

23a. SIGNATURE Morris Murphy Coroner (Degree or title)
23b. ADDRESS Wentzville Mo
23c. DATE SIGNED 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-11-52
24c. NAME OF CEMETERY OR CREMATORY Wentzville MO
24d. LOCATION (City, town, or county) (State) Wentzville Mo

DATE REC'D BY LOCAL REG. Aug 12/52
REGISTRAR'S SIGNATURE Martin Goff
25. FUNERAL DIRECTOR'S SIGNATURE Bennie Lore ADDRESS 3103 Washington

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1982

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.