

STANDARD CERTIFICATE OF DEATH

24395

State File No. _____

FILED AUG 30 1942
347 348

Registration District No. _____

Primary Registration District No. 5486

Registrar's No. 146

2000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH *Henry*

(a) County _____

(b) City or town *Osage Falls R R 1*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community *all life*
years, months or days

3. (a) PRINT FULL NAME *Charles Wm FRENCH*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *male* 5. Color or race *white*

6. (a) Single, widowed, married, divorced *mar*

6. (b) Name of husband or wife *Ellen May*

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *May 2 1878*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 1 27 hr. min.

9. Birthplace *Henry Co Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation *farmer*

11. Industry or business _____

MOTHER FATHER

12. Name *John D French*

13. Birthplace *Ky*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Reed*

15. Birthplace *Don't know*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs C W French*

(b) Address *Brownington Mo R R 1*

17. (a) *Burial* (b) Date thereof *6-2-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Park Chapel*

18. (a) Signature of funeral director *Conrad W Beck*

(b) Address *Clinton Mo*

19. (a) *July 1, 1942* (b) *Georgia Kitchen*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Henry #2*

(c) City or town *Brownington Mo R R 1*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *29*
year *1942* hour *3* minute *30 P.M.*

21. I hereby certify that I attended the deceased from _____, 19____, to *June 29, 1942*, that I last saw him alive on *June 6, 1942*, and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary thrombosis*

Due to *Diabetes Mellitus*

Due to _____

Other conditions *none*
(Include pregnancy within 3 months of death)

Major findings: Of operations *none*

Of autopsy *none*

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: *no*

(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? *none*

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature *S. J. Hughes* (M. D. or other) *M.D.*

Address *Clinton Mo* Date signed *July 1/42*

RECEIVED

District Health Officer No. 7,

District File Number 8-42-886

Date Filed 8-7-42

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

J. E. Corneley

Licensed Embalmer No. 1891

P. O. Address

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.