

S. No. 2
M-5-43
5-17-39
I X36671

FILED SEP 18 1947

Registration District No. 226

Primary Registration District No. 3242

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown, Mo.

(c) Name of hospital or institution: 140 North MAIN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Fredericktown,
(If outside city or town limits, write "RURAL")

(d) Street No. 140 North MAIN
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE S. KING

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 4th
year 1947 hour 9 02 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 1947, to 9/2/47,
that I last saw her alive on 9/2/47 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel

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

7. Birth date of deceased March 13, 1912
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to Valvular heart disease

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Unknown

12. Name James M. Francis

13. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Francis E. Young

15. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman W. KING

(b) Address Fredericktown, Mo.

17. (a) BURIAL (b) Date thereof 9-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Vine, Mo.

18. (a) Signature of funeral director Sam Napien, Jr.

(b) Address Fredericktown, Mo.

19. (a) 9-6-1947 (b) Florence King
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Martin Grossman (M. D. or other) MD
Address Fredericktown Mo Date signed 9/6/47

Duration

yes

yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4
File Number 947-1189
Date Filed 9-16-47

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 Najin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Mo.

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.