

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33539

State File No.

FILED NOV 5 1942

Registration District No.

Primary Registration District No. 3016

Registrar's No. 235

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town St. Marys
(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 2 days
(Specify whether
In this community 10 year
months or days)

3. (a) FULL NAME Richard Francis
3. (b) If veteran, name war.
3. (c) Social Security No. 280-05-6752

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Feb 13 1911
(Month) (Day) (Year)

8. AGE: Years 31 Months 8 Days 6 If less than one day
hr. min.

9. Birthplace Monteale MO
(City, town, or county) (State or foreign country)

10. Usual occupation Factory Worker

11. Industry or business MO

12. Name Charles Marion Francis MO
13. Birthplace Monteale MO
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Scherer

15. Birthplace Monteale MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Francis

(b) Address Jefferson City, MO

17. (a) Burial (b) Date thereof 10/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Public Burial

18. (a) Signature of funeral director William H. Friedman

(b) Address California MO

19. (a) 10-19-42 (b) Norma Richer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monteale
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 111 1/2 N High
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 19
year 1942 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from October 17, 1942 to Octo. 19, 1942
that I last saw him alive on October 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull
Falling from wall
striking head on pavement
Due to 16

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 16

Of autopsy 16

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Oct 17 - 42

(c) Where did injury occur? Jefferson City, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public

(Specify type of place) While at work? No

23. Signature W. H. Friedman (M-D. or other)

Address Jefferson City, Mo Date signed 10-19-42

874 (Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1942

Corr

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.....

Hugh E. Williams

Licensed Embalmer No.....

3537

P. O. Address.....

California 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.