

OHIO DEPARTMENT OF HEALTH

Reg. Dist. No. 1224

COLUMBUS

State File No. 34451Primary Reg. Dist. No. 8493

CERTIFICATE OF DEATH

Registrar's No. 1006

Department of Commerce — Bureau of the Census

1. PLACE OF DEATH:

(a) County Summit(b) Akron

(City, village, township)

(c) Name of hospital or institution
Akron City Hospital

(If not in hospital or institution, write street No. and location)

(d) Length of stay: in hospital or institution 20 days

(Days)

In this community 50 years

(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Summit(c) City or village Rural

(If outside city or village, write RURAL)

(d) Street No. R.F.D. #7, Box 390 (Ghent), Akron 3, Ohio

(If rural, give location)

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

3. NAME OSMAN B. FRANCE

(a) if veteran,

No

(b) Social Security

No. None

name war

4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if
alive 78 years7. Birth date of deceased October 4, 1858

(Month)

(Day)

(Year)

8. AGE: Years 38 Months 6 Days 28 If less than one day

hr.

min.

9. Birthplace Greensburg, Ohio

(City, town, or county)

(State or foreign country)

10. Usual occupation Baseball player (Retired)

11. Industry or business

12. Name Isaac France13. Birthplace Ohio

(City, town, or county)

(State or foreign country)

14. Maiden name Mary Wise15. Birthplace Ohio

(City, town, or county)

(State or foreign country)

16. (a) Informant's signature [Signature](b) Address Akron, Ohio17. (a) Burial, cremation, or other; (b) Date May 4, 1947

(Month)

(Day)

(Year)

(c) Place Greensburg, Ohio(d) N. W. Johnston 4602-A

(Name of Undertaker)

(Lic. No.)

18. (a) By: [Signature] 320

(Signature of Funeral Director)

(Lic. No.)

(b) Address 118 Ash St., Akron 8, Ohio19. (a) 5/3/47 (b) [Signature]

(Date received legal registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month May day 2year 1947 hour _____ minute _____

21. I hereby certify that I attended the deceased from

March 11, 1942, to May 2, 1947;that I last saw him alive on May 1, 1947;

and that death occurred on the date and hour stated

Duration

Immediate cause of death Coronary FailureDue to Uremia 1374-922Due to Prostatic Hypertrophy

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation Hypertrophy of ProstateUnderline
the cause to
which death
should be
charged sta-
tistically.

Major findings of autopsy

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 Village) (County) (State)

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

(Specify type of place)

While at work? (e) How did injury occur?

23. Signature [Signature] M.D.

(Specify if Doctor of Medicine or Osteopathy)

Address Akron, Ohio Date signed 5/2/1947Mother
Father