

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7422
 Do not use this space.

REC'D MAR 21 1939

1. PLACE OF DEATH

(a) County Perry Registration District No. 969
 (b) Township Union Primary Registration District No. 5877
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur A. Franke

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Franke

22. I HEREBY CERTIFY, That I attended deceased from not simply treated 1939
 I last saw Died suddenly alive on _____ 19____ Death is said to have occurred on the date stated above, at 4:30 a m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3 1879

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 1 15

Had previous heart attacks. Was found dead in bed on above date. Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 200 ft

12. BIRTHPLACE (CITY OR TOWN) Perry Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME August Franke

FATHER 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bodenschetz

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Old Appeltown Mo (STATE OR COUNTRY) Cape Co.

17. INFORMANT (ADDRESS) Edwin A. Telle
Uniontown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Uniontown Mo. DATE Feb. 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Young & Sons
Perryville Mo.

20. FILED March 9 1939 Ben Halten
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 a. Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) C. B. Bourneau, M. D.
 (Address) Old Appeltown, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville,

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, above space should be left blank.