

3-40
-39
K23159

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

FILED SEP 16 1940

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution _____
(If outside city or town limits, write "RURAL" and name of township)
207 1/2 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin in St.
(If outside city or town limits, write "RURAL")
(d) Street No. 207 1/2 Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME James Frank Frentress

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 20, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Jasper Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name --- Frentress

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

14. Maiden name Marie Sanders

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

16. (a) Informant Chas Frentress

(b) Address La Junta Colo

17. (a) Burial (b) Date thereof Aug 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Wesley C. Anderson

(b) Address Joplin Mo.

19. (a) 8-6-40 (b) E. J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him alive on Aug. 5 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Black

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy view

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

372 (Specify type of place)
While at work? no (e) Means of injury fall from

23. Signature W. H. White (M.D. or other) _____
Address Joplin, Mo. Date signed 8-5-40

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

MOTHER FATHER

40-9-361

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.