

Registration District No. 852

Primary Registration District No. 4518

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Milan  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 20 years  
years, months or days

3. (a) PRINT FULL NAME Lucy Ann Frakes

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

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm H. Frakes 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March 3, 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Towles

13. Birthplace Dont know (Slave)  
(City, town, or county) (State or foreign country)

14. Maiden name Frankie, no data (Slave)

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

16. (a) Informant Mrs. J. D. Lightfoot

(b) Address Milan, Mo.

17. (a) Burial (b) Date thereof Jan 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem. Milan

18. (a) Signature of funeral director Schoenes  
(b) Address Milan, Mo.

19. (a) Feb 8 41 (b) Lee Hagan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1941 hour 12 minute 10 a. m.

21. I hereby certify that I attended the deceased from Jan 8 1941 to Jan 24 1941,  
that I last saw her alive on Jan 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 24 hrs  
Had influenza for 2 wks

Due to Hypertension for several years

Due to Chronic nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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 town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 769  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature L. Grace Simmons (M. D. or other) D.O.  
Address Milan, Mo. Date signed 1/27/41

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-41-358

Date Filed FEB 15 1941

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 \_\_\_\_\_

Frank D. Schoene, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, W.

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.