

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13847

State File No. _____

Registration District No. _____

Primary Registration District No. 203

Registrar's No. 23

I. PLACE OF DEATH

(a) County Benton county
(b) City or town Shannon (Fristoe)
(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 Life years, months or days

3. (a) PRINT FULL NAME Alvin Rank

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

4. Sex male 5. Color or race wh
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Aug 7 1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 8 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace 7th Lattin county Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Thill Rank
13. Birthplace Benton county Mo
(City, town, or county) (State or foreign country)
14. Maiden name Spauls Rank
15. Birthplace Benton co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Thill Rank

(b) Address Warsaw Mo

17. (a) burial (b) Date thereof 4-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National cemetery

18. (a) Signature of funeral director White - Leavelle

(b) Address Warsaw Mo

19. (c) 4/10/41 (b) Jas. L. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Benton
(c) City or town "Rural" Fristoe
(If outside city or town limits, write "RURAL")
(d) Street No. 10 mi. SE of Warsaw.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXXXXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1941 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from April
April, 2, 1941 to April, 8, 1941
that I last saw him alive on April, 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis Duration 3 days

Due to Otitis Media 10 yrs

Due to Scarlet fever

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none done

Of operations _____
Of autopsy none
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? _____

(Specify type of place) _____
(e) Means of injury 5

23. Signature Emile Sall (M. D. or other) MD
Address Warsaw Mo Date signed 4/8/41

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

RECEIVED

District Health Officer No. 2

District File Number 5-41-737

Date Filed 5-5-41

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.