No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28142

Registration District No. 218 | Primary Registration District No. 5297 | Registrar's No. 101

27
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Rural Blackwater Twp.
(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 years, months or days)
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED: 999
(a) State California (b) County Fresno
(c) City or town Selma
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Herman Melvin Frame
3. (b) If veteran, name war No
3. (c) Social Security No. 551-05-3870
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Frame
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Oct. 5, 1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	10	11	hr. min.

9. Birthplace Selma, California (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business J. A. Clark Drayage Co
MOTHER FATHER
12. Name W.W. Frame
13. Birthplace Nebraska, Neb. (City, town, or county) (State or foreign country)
14. Maiden name Fay Flint
15. Birthplace Neb. (City, town, or county) (State or foreign country)
16. (a) Informant T.W. Hales
(b) Address 6064 Perry Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Selma, California
18. (a) Signature of funeral director L. J. Meister
(b) Address Boonville, Mo.
19. (a) 8-24-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16th. year 1941 hour 5.30 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on Never Seen Alive, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Accidental-
Drowning (Accident)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) Accident 027
(b) Date of occurrence Aug. 16, 1941 5.30 PM
(c) Where did injury occur? Near Pilot Grove, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? No (e) Means of injury 5
23. Signature L. J. Meister Coroner (M. D. or other) 8/17/41
Address Boonville Mo Date signed 8/17/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-11-41

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 C. L. Felan S

Licensed Embalmer No. 1399

P. O. Address Higbee Mo

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

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