

FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31781

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper (City)
(c) Name of hospital or institution: 302 N. Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 100 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 302 N. Maple St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1941 hour 5:15 minute 0 M.

21. I hereby certify that I attended the deceased from 9-9 1941 to Sept 12 1941
that I last saw him alive on Sept 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis

Due to

Due to

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature: H. L. Herber (M. D. or other)

Date signed: 9-15-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME: HIRAM (CH) FRANKS

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

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married, divorced: divorced

6. (b) Name of husband or wife: Florence 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Aug 7 - 1860 (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 5 If less than one day hr. min.

9. Birthplace: Pawnee Co. Iowa (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Fireman

11. Industry or business

12. Name: Frank

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

14. Maiden name: (City, town, or county) (State or foreign country)

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

16. (a) Informant: J. H. V. Res. Frank Shelton

(b) Address: Waynesville Mo.

17. (a) (b) Date thereof: 9-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Fireman's plot

18. (a) Signature of general director: (b) Address: Fairview

19. (a) 9-15-41 (b) (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

41-10863

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, *Steve D. Parker*

Licensed Embalmer No. *25148*

P. O. Address *Joplin Mo*

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, fact should be so stated above.