

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42814

State File No. ....

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Richmond Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Hours  
(Specify whether  
In this community most of life (Specify whether  
years, months or days) Richmond, Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Glenn Frakes

3. (b) If veteran, name war .....  
3. (c) Social Security No. 482-247079

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

6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive 31 years 1900

7. Birth date of deceased July 31 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 4 24 hr. min.

9. Birthplace Orrick Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

12. Name John W. Frakes

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

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

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

16. (a) Informant Ruby Frakes

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Thurman  
(b) Address Richmond Mo.

19. (a) Dec 26, 41 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24  
1941 year hour 6 minute A. M.

21. I hereby certify that I attended the deceased from called in ex-corum  
to 19 19  
that I last saw alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage  
fracture  
Due to .....

Other conditions pulmonary hemorrhage  
(Include pregnancy within 3 months of death)

Major findings: 170 cc of  
Of operations .....  
Of autopsy same as above

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) accident

(b) Date of occurrence 12-24-41

(c) Where did injury occur? Richmond Ray Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On highway (Specify type of place)

While at work? no (b) Means of injury car wreck

23. Signature H. M. Smith (M. D. or other) no  
Address Richmond, Mo. Date signed 12/24/41

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

MOTHER FATHER

