

FILED JUL 9 1942

Primary Registration District No. 6128

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

1. PLACE OF DEATH:
 (a) County Taney
 (b) City or town Branson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Taney
 (c) City or town Branson
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If (yes, name country) _____

3. (a) PRINT FULL NAME WILLIAM FRANKLIN FRONBERGER
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 3
 year 1942 hour 9 minute 30 P. M.
 21. I hereby certify that I attended the deceased from June 3rd 1942 to June 3rd 1942
 that I last saw him alive on June 3rd 1942
 and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife wife Elizabeth Martin Fronberger
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased May 15 - 1870
(Month) (Day) (Year)

Immediate cause of death Myocarditis
 Due to Don't know
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

Major findings: 932
 Of operations _____
 Of autopsy _____

9. Birthplace Searcy Co. Ark. 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming
 11. Industry or business _____
 MOTHER FATHER {
 12. Name Joseph L. Fronberger
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Scott
 15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Elizabeth M. Fronberger
 (b) Address Branson, Mo.
 17. (a) Burial (b) Date thereof 6/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Branson Mo
 18. (a) Signature of funeral director Minister Wheelock
 (b) Address Branson Mo
 19. (a) 6-5-42 (b) Mary Miller
(Date received local registrar) (Registrar's signature)

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 Harry T. Evans (M. D. or other) Phys.
 Address Branson, Mo. Date signed 6/4/42

Duration 1 day
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 742-916

Date Filed JUL 8 1942

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 Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Princeton, N.J.

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.