

No. 2  
4-13-40  
5-17-39  
PI X23150

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40679

State File No. ....

FILED JAN -7 1943 -  
Registration District No. 773

Primary Registration District No. 5433

Registrar's No. ....

36  
0  
0

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

1. PLACE OF DEATH: Franklin  
 (a) County Rural Union Twp  
 (b) City or town Rural Union 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. 6.2 YEARS  
(Specify whether years, months or days)  
 In this community 6.2 YEARS

3. (a) PRINT FULL NAME Albert Frank  
 3. (b) If veteran, name war. NO 3. (c) Social Security No. 40

4. Sex male 5. Color or Race W 6. (a) Single, widowed, married, divorced, widowed  
 (b) Name of husband or wife. Mary Bruggeman 6. (c) Age of husband or wife if alive. 18 years  
 7. Birth date of deceased. 2-15-1878  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 4 If less than one day 9 hr. 4 min.

9. Birthplace Schleiser, Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER { 12. Name Joseph Frank  
 13. Birthplace Germany  
 14. Maiden name Eleanore Kuster  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Buschke  
 (b) Address Washington, Mo. RR # 2

17. (a) Burial (b) Date thereof 12-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Ann's - Sullivan

18. (a) Signature of funeral director Shenwood Mitchell  
 (b) Address St. Clair, Mo.

19. (a) 12/21/42 (b) Conrad A. Rieger  
(Date received local registrar) (Registrar's signature)

1119

2. USUAL RESIDENCE OF DECEASED: Franklin  
 (a) State Mo (b) County Franklin  
 (c) City or town Rural - Union Township  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Union Township  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 63 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 19th  
 year 1942 hour 10 minute 419 M.

21. I hereby certify that I attended the deceased from 9-1-1942 to Dec-19-1942  
 that I last saw him alive on Dec-10-1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
 Due to 2 mo.  
 Due to Myocardial Insufficiency  
 Other conditions 2 years  
(Include pregnancy within 3 months of death)

PHYSICIAN 932  
 Major findings: 932  
 Of operations: 932  
 Of autopsy: 932  
 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?.....

While at work? 932 (Specify type of place) Means of injury 932

23. Signature W. E. Ketchell (M. D. or other) M.D.  
 Address St. Clair Mo. Date signed 12/29/42

**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..... *Sherwood Mitchell* .....

Licensed Embalmer No..... *3873* .....

P. O. Address..... *St. Clair, 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.**