S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1801

Registration District No. 53 Primary Registration District No. 5185 Registrar's No. 28

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

600

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town 1 mile south of Dutch Town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible] Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community about 25 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999 47 0

(a) State Wisconsin (b) County

(c) City or town Highbridge (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Richard Frankie

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 4 (Day) 1916 (Year)

8. AGE: Years 26 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) Minnesota (State or foreign country)

10. Usual occupation Veneer matcher

11. Industry or business Aviation Cadet

FATHER
12. Name John Frankie
13. Birthplace Highbridge (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Effie Frankie
15. Birthplace Cloquet (City, town, or county) Minnesota (State or foreign country)

16. (a) Informant Army record - Harris Field

(b) Address Cape Girardeau, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mellon, Wis.

18. (a) Signature of funeral director J. G. Howell

(b) Address Cape Girardeau, Mo.

19. (a) 1-25-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1943 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on Jan 23 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Compound fracture of skull	
Due to: Air plane crash.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

173-8
24
21

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 Jan 23, 1943

(c) Where did injury occur? 1 mile South of Dutchtown, Mo (City or town) (County) (State) Cape Girardeau

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

While at work? Yes, (e) Means of injury Air plane crash, 1 left M.C.

23. Signature Charles A. Warthen Jr. (M. D. or other)

Address 8th HAFFTD Cape Girardeau, Mo. Date signed Jan 23 1943

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 243-176
Date Filed 2-8-43

OCT 29 1943

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.