

V. S. No. 2
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 823

FILED OCT 27 1945
 Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Burge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 51 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL.")
 (d) Street No. 619 E. Madison
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Henry Franck
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alice Franck
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased February 28, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>76</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Walnut Grove, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER, FATHER

12. Name John Franck
 13. Birthplace UNK. UNK. 9
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie E. Franck
 15. Birthplace UNK. UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Franck
 (b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Oct. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 10-15-45 (b) W E Haulley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13,
 year 1945 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from 3 p.m.
1, 1945 to Oct 13, 1945;
 that I last saw him alive on Oct 13, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death
Complications of the urinary bladder

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy 528

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?
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature W E Haulley (M. D. or other) M.D.
 Address Springfield, Mo. Date signed Oct 14/45

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

984

(Licensed Embalmer's Statement on Reverse Side)

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 L. A. Roof

Licensed Embalmer No. 7044

P. O. Address Springfield 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.

X