

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16993

State File No. _____

Registration District No. 156

Primary Registration District No. 9001

Registrar's No. _____

1. PLACE OF DEATH: Jasper

(a) County Jasper

(b) City or town John
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Baxter Spgs 14
(If outside city or town limits, write "RURAL")

(d) Street No. 728 W 5 St 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred Wilson Fram

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9 year 46 hour 7 minute A M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 13 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-13-46 to 4-8-46, 19____; that I last saw him live on 4-8-46, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Duration _____

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Maubrough Ohio
(City, town, or county) (State or foreign country)

Due to Carcinoma of Stomach

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business Painter

MOTHER FATHER { 12. Name Robert Fram 4

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

14. Maiden name Minerva Wilson

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

Major findings: Of operations 46

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert W. Fram

(b) Address Baxter Spgs Kans

17. (a) Removal (b) Date thereof 4-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Spgs

18. (a) Signature of funeral director Hoskins - Wene

(b) Address Baxter Spgs Kans

19. (a) 4-9-46 (b) Ed O Jones
(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 D

23. Signature Richard J. Cramer M.D. or other

Address 1227 Mil Baxter Spgs Date signed 4-9-46

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

15874

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.....

Hoskins-Wene Funeral Home, Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. Lanie Wene

Licensed Embalmer No. 2880

P. O. Address. Bayton Shgs Rd

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.