

FILED SEP 9 1947

State File No. _____

Registration District No. 177

Primary Registration District No. 5664

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town LaBelle (rural) Reddish.
(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 _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town LaBelle rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. North East of LaBelle. 9 miles. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Franks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced. divorced

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

7. Birth date of deceased Jan - 19 - 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 22
If less than one day hr. _____ min. _____

9. Birthplace Clark County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Varden Franks

13. Birthplace Clark County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Camie Dow

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

16. (a) Informant Cllo Stice
(b) Address Newtown

17. (a) Burial (b) Date thereof Aug-13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Fork. Lewis Co. Mo.

18. (a) Signature of funeral director Keith Anderson
(b) Address Edina, Mo.

19. (a) 7-18-47 (b) P. W. Jennings, M.D.
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1947 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from Mar 20 1946, to Aug 11 1947 that I last saw him alive on Aug 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

(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 2

23. Signature Dr. C.E. Todd (M.D. or other) D.O.

Address Williamstown Mo. Date signed 8/11/47

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

76
0
0

SEP 4 1947

RECEIVED
District Health Officer No. 10
District File Number 9-47-1194
Date Filed SEP-8-1947

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.