

FILED JAN 29 1948

Registration District No. 22 9448Primary Registration District No. 3056Registrar's No. 20

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCormick Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Troy Dexter Frans

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 married6. (b) Name of husband or wife Ora Ann Frans 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased March 15 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 10 2 hr. min.9. Birthplace ristoe Missouri
(City, town, or county) (State or foreign country)10. Usual occupation farming

11. Industry or business _____

12. Name Daniel Frans13. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)14. Maiden name Harriett Ann Leclarland15. Birthplace henton County Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. Floyd Frans(b) Address Moberly, Missouri17. (a) burial (b) Date thereof 1/20/1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Huntsville, Missouri18. (a) Signature of funeral director Tom B. Patton(b) Address Huntsville, Mo.19. (a) 1948 (b) Leah Williams
(Date received local registrar) (Registrar's signature) 219

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Huntsville---R.F.D.
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.#1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1948 hour 7:30 A. minute _____ M.21. I hereby certify that I attended the deceased from Jan 4, 1948 to Jan 17, 1948;
that I last saw him alive on Jan 17, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Occlusion Duration 8 hrsDue to Pidactes, arteriosclerosis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 61

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) Manner of injury _____

23. Signature Henry M. Ballman M.D. (M. D. or other)Address Huntsville, Mo. Date signed 1/17/48

RECEIVED
DISPENSE
State File No. 2247-107
Date Filed JAN 27 1948

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..... *Paul J. Patton*

Licensed Embalmer No. *4095*

P. O. Address..... *Huntsville, 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, above space should be left blank.