

Registration District No. **52** Primary Registration District No. **2183**

1. PLACE OF DEATH:
(a) County **CAPE GIRARDEAU**
(b) City or town **RURAL ROUTE, JACKSON**
(c) Name of hospital or institution: **RURAL BAPTIST CHURCH**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 YEAR**
In this community **1 YEAR**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **CHRISTIAN N. FRANK**
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 **DIVORCED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **DEC. 25, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 12 hr. min.

9. Birthplace **CAPE GIRARDEAU, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **CARPENTER**
11. Industry or business **BUILDING**

MOTHER FATHER { 12. Name **JOHN M FRANK**
13. Birthplace **GERMANY**
14. Maiden name **JENNIE FRITZ**
15. Birthplace **PENNSYLVANIA**

16. (a) Informant **BEN FRANK**
(b) Address **R.F.D. 3 JACKSON, Mo**
17. (a) **BURIAL** (b) Date thereof **8/19/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FAIRMOUNT CEMETERY**
18. (a) Signature of funeral director **Walthus Funeral Home**
(b) Address **Loafe Girardeau 2760**
19. (a) **8-16-48** (b) **D. G. Schubert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **CAPE GIR.**
(c) City or town **RURAL ROUTE 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **Baptist Church**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **7**
year **1948** hour **13** minute **15** P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Drowning - Accidental**
while swimming in a deep pond.
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **43**
Of operations **1 1/2**
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Aug 7, 1948**
(c) Where did injury occur? **Jackson Cape Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On frame 5 mds north West of Jackson Mo
While at work? **No** (e) Means of injury **Round**
23. Signature **Dr. J. P. Sigmond** **3** Coroner
Address **Jackson Mo** Date signed **8/17/48**

RECEIVED

District Health Officer No. Y

District File Number 848-10

Date Filed 8-16-48

AUG 19 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

Virgil H. Kolch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.