WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X7044

SEP 16

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30000

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1105

City St. Joseph, (No. 506 South 17th Street St. Ward)

2. FULL NAME John Joseph Franzen

(a) Residence, No. 506 South 17 Str St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otilda Franzen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April.20.1850.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
86	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation 25yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Prussia

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Prussia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Prussia

17. INFORMANT (ADDRESS) Otilda Franzen 506 South 17th Street

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem

PLACE St. Joseph, Mo. DATE August.20 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED Aug 24, 1936 H. J. Nettlehorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August.24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Aug 24, 1936

I last saw him alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 1/15p.m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration — Date of onset 8/23-36

Other contributory causes of importance: Arterio Sclerosis — unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur H Kelley, M. D.

(Address) 109 N 8th St Joseph Mo

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