

REC'D APR 20 1939

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

11548

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion <sup>2</sup> Registration District No. 547  
(b) Township Marion <sup>1</sup> Primary Registration District No. 3029 Registered No. 112  
(c) City Harrison (d) Street No. 1000 Bacon St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph E Frame

(a) Residence, No. 1000 Bacon St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1-1889</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>6</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>laborer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u> <u>ILL</u>		
13. NAME <u>UNKNOWN</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>		
15. MAIDEN NAME <u>UNKNOWN</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>		
17. INFORMANT (ADDRESS) <u>Vieta Frame</u> <u>404 St. Quincy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. Olive Cem</u> DATE <u>March-30-1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>James O'Donnell</u> <u>Hospital</u>		
20. FILED <u>Mar 31 1939</u> <u>W C Trushen</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1939

22. I HEREBY CERTIFY, That I attended deceased from November 13<sup>th</sup>, 1936, to March 28, 1939  
I last saw him alive on February 25, 1939. Death is said to have occurred on the date stated above, at 6:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Primary Carcinoma of right lung, upper lobe.

Other contributory causes of importance: 47  
Metastasis in other organs.  
neck + Bones.

Name of operation none Date of —  
What test confirmed diagnosis? Biopsy 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E M Lucke, M. D.  
(Address) Court House

(Licensed Embalmer's Statement on Reverse Side)

1 X 16605

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.

WHITE CARBON WITH UNFADING INK—THIS IS A PERMANENT RECORD

**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..... *Michael J. Osborne* .....

Licensed Embalmer No. *3246* .....

P. O. Address *Hannibal, 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.**