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.

SEP 6 1939

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

29218
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 328
(b) Township 1 Primary Registration District No. 3017 Registered No.
(c) City Trenton (d) Street No. 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 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 54 yrs. mos. ds.

2. PRINT FULL NAME 120 Frank J. Novak
(a) Residence, No. 252 Kitty St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Novak
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16th, 1864
7. AGE: Years 74 Months 11 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Railroader Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Rail Road
10. Date deceased last worked at this occupation (month and year): Dec 21, 1938
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

FATHER
13. NAME: Frank Novak 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany 6

MOTHER
15. MAIDEN NAME: Anna Teply
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany

17. INFORMANT (ADDRESS): Mrs F. J. Novak Trenton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Grove Trenton Mo. DATE: 6-2-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Davis Funeral Home Trenton Mo.
20. FILED: 5-31, 1939 Irene D Law Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-31-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1938 to May 31, 1939
I last saw him alive on May 28, 1939. Death is said to have occurred on the date stated above, at 5:10 P m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset: Dec 22-38

97

Other contributory causes of importance:

Name of operation: 0 Date of
What test confirmed diagnosis? Tests 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) E. A. Duffy, M. D.
300 (Address) Trenton Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible]
District [illegible]
Date Filed AUG 29 1939

No. 11, 939-1096

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, Raymond A Davis, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3434

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.