

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

42866
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 86
 (b) Township WASHINGTON Primary Registration District No. S. 827
 (c) City WASHINGTON (d) Street No. BELL ROAD 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 1320

2. PRINT FULL NAME

WILLIAM HENRY FRANS
 (a) Residence, No. BELL ROAD 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 ELIZABETH FRANS,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 1ST. 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEAR AGENCY, MO.

FATHER 13. NAME JOHN MATTISON Frans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MEAD COUNTY KY.

MOTHER 15. MAIDEN NAME SARRAH A. REYNOLDS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN IND.

17. INFORMANT ELIZABETH FRANS
 (ADDRESS) BELL ROAD ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE DEC. 26TH. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 940 CALHOUN ST. JOSEPH, MO.

20. FILED Dec 26 1939 A. J. Wittich
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 24TH. 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to 12-24- 1939
 I last saw him alive on 12-24- 1939. Death is said to have occurred on the date stated above, at 10.30A.
 The principal cause of death and related causes of importance were as follows:

Cerebral Neurosis
Hypertension
Senility
 Other contributory causes of importance:
None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chin 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 _____

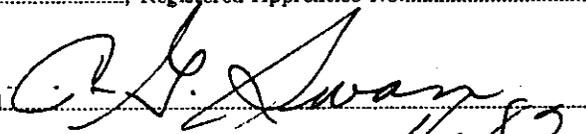
24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Dr. Wm. Henry, M. D.
 (Address) 873 Terman

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.

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: 

Licensed Embalmer No. 40820

P. O. Address St. Joseph, 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.