

FILED APR 8 1940

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

10027

Do not use this space.

1. PLACE OF DEATH
 (a) County Andrew Registration District No. 16
 (b) Township Rochester Primary Registration District No. 5020 Registered No. 2
 (c) or City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 17 yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)
652 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lora E. Frank
 (a) Residence, No. R.F.D. Helena Mo 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 Female 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 William Frank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Dekalb Co. Mo.

FATHER 13. NAME Enos J. Vork

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

MOTHER 15. MAIDEN NAME Mary E. Stemens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wis.

17. INFORMANT (ADDRESS) W.W. Frank Helena Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Cem. DATE March 29 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucile M. Wilson King City Mo.

20. FILED March 29, 1940 Mrs. Vernice A. Fite Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, to Mar 27 1940
 I last saw her alive on Mar 26 1940 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis

Other contributory causes of importance: 31

Name of operation _____ 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) E.M. Reynolds M. D.
 (Address) Union Star Mo

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.

RECEIVED
District Health Officer No. 11.
District File Number 440-438
Date Filed APR 3 1940

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..... *Lucile M. Wilson*

Licensed Embalmer No. 2870

P. O. Address King City 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.