

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.

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

**14530**  
Do not use this space.

FILED MAY 17 1940

1. PLACE OF DEATH  
 (a) County Carroll Registration District No. 133  
 (b) Township Van Horn Primary Registration District No. 4074  
 (c) City Bogard (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 George M. Frankum  
 (a) Residence, No. \_\_\_\_\_ 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 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 Fronie Frankum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>6</u>	<u>14</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer  
 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) Ky. 1

FATHER  
 13. NAME Joseph Frankum  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER  
 15. MAIDEN NAME Young  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Jessie Frankum Bogard, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 11-16-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. A. Dickerson Bogard, mo

20. FILED 4-16 1940 Janice Henderson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15 1940

22. I HEREBY CERTIFY, That I attended deceased from April 10 1940 to April 15 1940  
 I last saw him alive on April 15 1940 Death is said to have occurred on the date stated above, at 5 A m.  
 The principal cause of death and related causes of importance were as follows:  
RT. Lemi plegia  
Due to old age  
No cerebral hemorrhage  
 Other contributory causes of importance:  
Infirmities of Age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) C. P. Hamilton Stator M. D.  
 (Address) 128 Cassatt, Mo.

RECEIVED  
District Health Officer No. 8  
District File Number 5-16-40  
Date Filed

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, .....

*E. Delkerson*

....., or by .....

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

Signed..... *E. Delkerson*

Licensed Embalmer No. *2534*

P. O. Address *Bayard md*

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.