

Registration District No. 21

Primary Registration District No. 5122

Registrar's No. 9

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town DeKalb Route # 1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town De Kalb, Route #1
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Shirley Mae Franke
 (b) If veteran, name war _____ (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 15, 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	9	15	hr. _____ min.

9. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Roy J. Franke
 13. Birthplace Tecumseh, Nebraska
(City, town, or county) (State or foreign country)
 14. Maiden name Laura Hunt
 15. Birthplace Taney County, Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Roy J. Franke

(b) Address Route # 1, De Kalb, Mo.

17. (a) Burial (b) Date thereof June 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Burial, Bethel Cem.

18. (a) Signature of funeral director Clark Mortuary
 (b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) June 2-40 (b) Chad Davis
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 30
 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-25-40
 _____, 19____, to 5-30-, 1940;
 that I last saw her alive on 5-30-, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Sham of Eloffis

Due to Pertussis - th. Bronchial irritation
(with infection of cerebral system)
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations no operation
 Of autopsy None made

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) ✓
 (b) Date of occurrence ✓
 (c) Where did injury occur? ✓ ✓ ✓ ✓
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) _____
 (e) Means of injury ✓

23. Signature B. B. SIMMONS (M. D. or other) 1
 Address 801 1/2 James St. Joseph, Mo. Date signed 6/1/40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Simmons
50 1/2 Franklin

RECEIVED

District Health Officer No. 11,

District File Number 640-836

Date Filed JUN 5 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, ~~on~~ May 30, 1940

....., Registered Apprentice No.

working under my personal supervision.

Signed

Evan A. Clark

Licensed Embalmer No. 3476

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.