

No. 2
11-10-39
5-17-39
I X21492

Dr Anderson

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22326

State File No.

FILED JUL 15 1940

Registration District No. 572

Primary Registration District No. 4350

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(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 _____ (Specify whether)
In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery
(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.

8. (a) PRINT FULL NAME John A. Frank 652

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Uzora Frank 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 25 th 1877 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Frank

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie Muns

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Frank

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 6/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery C. Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) June 8, 1940 (b) Paul Mueller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day June
year 1940 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 11, 1935, to June 6, 1940, that I last saw him alive on June 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Nephritis

Due to Senility

Due to Sen Arteriosclerosis

Other conditions (Include pregnancy within 5 months of death) 121

Major findings: Of operations _____

Of autopsy _____

Duration 10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

522 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. J. T. Anderson M.D. (M. D. or other) M.D.

Address Montgomery City Date signed 6/8/40

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

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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 on the 8th
day of June 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City Missou

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.