

Registration District No. 664

Primary Registration District No. 4397

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Green Ridge MO
(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 20
(Specify whether)

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Green Ridge Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME John William - Frank

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1940 hour 3 minute 15 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Winnie Steinbrink

6. (c) Age of husband or wife if alive 17 years (Day) (Year)

7. Birth date of deceased April 17 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 18, 1940 to Sept 16, 1940
that I last saw him alive on Sept 15, 1940
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>		hr. min.

Immediate cause of death Angina Pectoris

Due to

Due to

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

Other conditions Chronic bronchitis
(Include pregnancy within 3 months of death)

10. Usual occupation Blacksmith Retired

11. Industry or business His Own Shop

MOTHER FATHER

12. Name: John Frank, Sr.

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

14. Maiden name Louise Dickner

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

Major findings:
Of operations 94

Of autopsy

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

16. (a) Informant John Frank
(b) Address Green Ridge MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

18. (a) Signature of funeral director G. B. Shelley
(b) Address Green Ridge MO

19. (a) Sept 17 1940 (Date received local registrar) (b) G. B. Shelley (Registrar's signature)

(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?
651

(e) Means of injury

23. Signature H. A. Hiten (M. D. or other)
Address Green Ridge Mo Date signed 9/17/40

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

80

RECEIVED
District Health Officer No. 8,
District File Number
Date filed 10-8-40

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 Glenn E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.