

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

EMER MAR 10 1941

Primary Registration District No. 5873

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemissout
(b) City, town, or village Steele, Mo.
(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 _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pemissout
(c) City or town Steele, Mo.
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Robert Franks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased 1/1 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 14
hr. min.

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

10. Usual occupation arming

11. Industry or business _____

MOTHER FATHER { 12. Name Und.
13. Birthplace Und.
14. Maiden name Und.
15. Birthplace Und.

16. (a) Informant Mrs. Lennie Franks
(b) Address Steele, Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 2/16/1941
(Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Gobb Funeral Home, Inc.
(b) Address Elytheville, Ark.

19. (a) 3-2-1941 (Date received local registrar) (b) Tom Prigmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1941 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2-12-41
1941, to 2-14 1941;
that I last saw him alive on 2-12-41
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure - (Heart block)

Due to (Possibly of Rheumatic origin)

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

23. Signature J. Chapman (M. D. or other) _____
While at work? _____ (Specify type of place) (c) Means of injury _____
Address Steele, Mo. Date signed _____

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

8
0
0

3-41-²³~~23~~

SEP 24 1942

SEP 23 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.