

FILED MAY-23 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

15042

Registration District No. 477

Primary Registration District No. 4290

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Lewistown  
(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 6 years years, months or days

3. (a) PRINT FULL NAME Nancy Jane Franks

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dan Franks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 28 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Colley Liza Ryan

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

14. Maiden name Unknown

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

16. (a) Informant Edgar Franko

(b) Address 68 Jackson Street, Lewistown

17. (a) Lewistown (b) Date thereof April 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown Cemetery

18. (a) Signature of funeral director Thomas Bell

(b) Address Evans, Mo.

19. (a) 4/15/41 (b) P. W. Jennings, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Lewistown (Rural)  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 2  
1940 to April 11, 1941;  
that I last saw her alive on April 5, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute poisoning caused by blood irritant and retention.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations None

Of autopsy One

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(d) Means of injury \_\_\_\_\_

23. Signature Ferry L. M. Braden (M.D. or other) J. D. C.  
Address Lewistown Mo. Date signed April 11

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

606

1951

1941-5-41  
1866-5-11  
75-10-28  
75-10-13

75 -

RECEIVED

District Health Officer No. 10

District File Number 5-41-966

Date Filed MAY 20 1941

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 Thomas Ball

Licensed Embalmer No. 1744

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, above space should be left blank.