

FILED SEP 12 1941

Registration District No. 625

Primary Registration District No. 3091

Registrar's No. 98

1. PLACE OF DEATH: Nodaway
 (a) County: Nodaway
 (b) City or town: Maryville, 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 Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Nodaway 75
 (c) City or town: Maryville (Rural) 1
 (If outside city or town limits, write "RURAL.") 2
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Isabelle Evans Frankum

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sept. 1 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	11	3	hr. min.

9. Birthplace Hancock Co. Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jerome Evans

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

14. Maiden name Unknown

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

16. (a) Informant Wilbur Frankum

(b) Address Burlington Jct., Mo.

17. (a) Burial (b) Date thereof 8-6-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quitman Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug. 6 - 41 (b) Mamie E. Clardy (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day Aug 1 1941 year 1941 hour 3 minutes 30 sec. M.

21. I hereby certify that I attended the deceased from July 28 1941 to Aug 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis

Due to -129

Due to Obstruction of Bile duct and stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Bowel adhesion Physician
 Of operations: Gumach obstructed Underline cause to which death should be charged statistically.
 Of autopsy: no

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 K. L. _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

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 Alan M. Puri

Licensed Embalmer No. 1822

P. O. Address Mayville, N.Y.

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.