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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32305

Registration District No. 788 Primary Registration District No. 5937a Registrar's No. 5

1. PLACE OF DEATH:

(a) County Polk (Mckinley)

(b) City or town Flemington (Rural) North
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Mile North of Adonis, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Lifetime 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 084

(c) City or town Flemington, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mile North of Adonis, Mo
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Martha Ellen Frank

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John W. Frank

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

7. Birth date of deceased April (Month) 19 (Day) 1862 (Year)

8. AGE: Years 79 Months 4 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeper

11. Industry or business Housework

FATHER
12. Name (unknown) Cloyd
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Mary Barnes
15. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

16. (a) Informant W. A. Frank
(b) Address Flemington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Adonis Cemetery

18. (a) Signature of funeral director White-Erwin
(b) Address Bolivar, Mo.

19. (a) Oct 8 1941 (Date received local registrar) (b) Mae Zimmerman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1941 hour 1 minute P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ 9-1- 1941, to ..... 19..; that I last saw h..... alive on ..... 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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) .....

(b) Date of occurrence 8-31-41

(c) Where did injury occur? 1-Mi N-Adonis Polk Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
(Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature Jean Pitts Coroner (M. D. or other)

Address Bolivar, Mo. Date signed 9-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-41-1761
Date Filed 10-10-41

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 William R. Irwin

Licensed Embalmer No. 3092

P. O. Address Bolivar Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.