

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34824
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin Registration District No. 288
(b) Township Independence Primary Registration District No. 5406 Registered No. 32
(c) City 1 (d) Street No. _____
(e) Length of residence in city or town where death occurred 6 yrs. 19 mos. 19 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
2. PRINT FULL NAME Joyce Ann Franks 35
(a) Residence, No. _____ St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1941
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co, Mo
Independence
13. NAME Norris E. Franks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn
15. MAIDEN NAME Wilma Crader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
17. INFORMANT (ADDRESS) W. J. Crader
Kennett Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE McCullough Cem DATE 10-23-1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Home Falls
20. FILED 10/29 41 Julia Blautschup
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-1941
22. HEREBY CERTIFY That I attended deceased from Oct 22 1941, to Oct 23 1941
I last saw him alive on Oct 22 1941. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:
Gastritis
Other contributory causes of importance: 1192
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) J. J. Riddan, M. D.
(Address) Kennett Mo

Date of onset
Oct
20
1941

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

29

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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, above space should be left blank.