

FILED FEB 13 1942

Registration District No. **408**

Primary Registration District No. **5563A**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Jasper**  
 (b) City or town **Garthage & Jackson Twp.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Jasper County Alms House 5**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
**4 Days** (Specify whether  
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Jasper**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James E. Frakes**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **August 7 1867**  
 (Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **16**  
 If less than one day hr. min.

9. Birthplace **Mosco Indiana**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **C. R. Frakes**

12. Name **C. R. Frakes** 13. Birthplace **X Indiana**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Rand** 15. Birthplace **X Indiana**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Steve Lucas**  
 (b) Address **Jasper Route # 1**

17. (a) **Burial** (b) Date thereof **Jan. -28, 1942**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Waters Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**  
 (b) Address **1208 Garrison, Garthage, Mo.**

19. (a) **Jan 27, 1942** (b) **E. J. M. Intine, M.D.**  
 Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **24th**,  
 year **1942** hour **9:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan. 24 1942** to **Jan. 24 1942**  
 that I last saw **him** alive on **Jan. 24 1942**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis with uraemia**

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

Other conditions (Include pregnancy within 3 months of death) **1318**

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?  
 \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury **0**

23. Signature **Charles F. Schell** (M. D. or other) **M.D.**  
 Address **304 S. Brent, Garthage, Mo.** Date signed **1/27/42**

Duration

**5**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1169

42-1-42

**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 John P. Penney  
Licensed Embalmer No. 4194  
P. O. Address Carthage Mo

**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.**