

FILED MAR 10 1942 1112

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 90.3

Primary Registration District No. 62.13

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County North
(b) City or town Frank City, Mo.
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

8. (a) PRINT FULL NAME FRANK RENO HASS

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

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

6. (b) Name of husband or wife Maude Hunter
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 0
If less than one day hr. _____ min. _____

9. Birthplace Frank City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Jay Laborer

11. Industry or business _____

12. Name Phillip Hass

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

14. Maiden name Margaret Gmelch

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

16. (a) Informant John C. Hass

- (b) Address Frank City

17. (a) Funeral (b) Date thereof 3-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Wetzel Cem.

18. (a) Signature of funeral director W. C. Dangle

- (b) Address Frank City, Mo.

19. (a) Mar. 2-4-42 (b) Arthur Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County North

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

- (d) Street No. _____ (If rural, give location) 0

- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1942 hour 2:00 minute - P. M.

21. I hereby certify that I attended the deceased from Feb-20-
_____, 1942, to Feb-26, 1942;

that I last saw him alive on Feb-25-, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

(Sus) Cerebral Thrombosis

Due to Abscess - tooth

follow with abscess

Due to of jaw

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

Major findings: ✓
Of operations _____

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 0

23. Signature R. J. Bass M.D. (Mr. D. or other) ✓

Address Frank City, Mo. Date signed Feb 28, 42

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.