

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15187

Registration District No. 068

Primary Registration District No. 5885

Registrar's No. 175

FILED MAY 20 1942

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Houstonia (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(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 39 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis
(c) City or town Houstonia (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clark FRANKS

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Roscy Risher 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 14 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Prophetstown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name John Franks
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Baker

(b) Address 1426 E Broadway Saddle

17. (a) burial (b) Date thereof Apr 19 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

18. (a) Signature of funeral director W. L. Neal

(b) Address Houstonia

19. (a) 4-17-42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16 year 1942 hour 8 p.m. minute 7 M.

21. I hereby certify that I attended the deceased from Apr 1 1942 to Apr 15 1942
that I last saw him alive on Apr 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Duration _____

Due to Poststatic hyper trophy

Due to Age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____
(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 C. L. Peckham (M. D. or other) _____
Address Houstonia Date signed 4-17-42

80000 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 5-18-42

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 H. H. Smiley
Licensed Embalmer No. 3987
P. O. Address Houstonia

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.