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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24310

State File No. _____

Primary Registration District No. 2001

Registrar's No. 544

1. PLACE OF DEATH
 (a) County GREENE
 (b) City or town Springfield
 (c) Name of hospital or institution: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hrs.
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Janna Sue Francka
 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 Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased July 9, 1940
 (Month) (Day) (Year)

8. AGE: Years 12 Months 0 Days 12
 If less than one day hr. min.

9. Birthplace Bolivar, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

MOTHER FATHER
 12. Name Joe Francka Francka
 13. Birthplace Brighton, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Wallace
 15. Birthplace Dunnigan, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Joe Francka

(b) Address Bolivar, Mo

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Arms and Blue
 (b) Address Bolivar, Mo
 19. (a) 7-21-42 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Polk
 (c) City or town Bolivar (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1/2 mile South of Bolivar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1942 hour 2:10 minute 0 M.

21. I hereby certify that I attended the deceased from 10:00 PM
July 20, 1942, to time of death July 21, 1942;
 that I last saw him alive on July 21, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Poisoning
Accidental

Due to Swallowed Fly Poison
 Due to July 19-1942

Other conditions 179A
 (Include pregnancy within 3 months of death)

Major findings: Of operations 13
 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) Accidental
 (b) Date of occurrence July 19, 1942
 (c) Where did injury occur? Bolivar Polk Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
 (e) Means of injury Swallowed

23. Signature W. D. Stone (M. D. or other)
 Address Springfield Mo Date signed 7/27/42

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

9
2
6

84
0
0

134

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1942

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

Richard R. Erwin

Licensed Embalmer No.

3092

P. O. Address

Belmar, 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.