

FILED OCT 9 1942

Registration District No. 408

Primary Registration District No. 5563

Registrar's No. 196

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage Jackson Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
County Alms House 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willis Frakes
 3. (b) If veteran, name war * * *
 3. (c) Social Security No. No record

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed
 6. (b) Name of husband or wife. alive years
 6. (c) Age of husband or wife if alive. years
 7. Birth date of deceased February 25, 1885
 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 17
 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Frakes
 13. Birthplace Lawrence County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Matthews
 15. Birthplace Lawrence County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant County Almshouse Records
 (b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof 9/15/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin, Mo.

19. (a) Sept. 15, 1942 (b) Elizabeth Corplein
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. no record
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 14
 year 1942 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Aug 30 1942 to Sept 14 1942
 that I last saw him alive on Aug 30, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis

Due to

Due to

Other conditions 309
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 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).....
 (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 R. V. Hurlbut (M. D. or other) 16
 Address Carthage Mo. Date signed 9-14-42

42.9-799

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.....

not embalmed

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Terry K. Sullent

..... Licensed Embalmer No.

959

..... P. O. Address.....

Joplin, 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.