

S. No. 2  
-1-441  
5-17-39  
I X22350

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2231

State File No. ....

FILED FEB 6 1943  
Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 88

39  
2  
6

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

1. PLACE OF DEATH: **GREENE**

(a) County.....  
 (b) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL" and name of township)  
 (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.....  
(Specify whether  
 In this community **50 YR.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **GREENE**

(a) State **MO.** (b) County **GREENE**  
 (c) City or town **SPRINGFIELD.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **338 1/2 E. COMMERCIAL**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes name country..... **0**

3. (a) PRINT FULL NAME **GEORGE FRANCK.**

3. (b) If veteran, **NONE** name war.....  
 3. (c) Social Security **No. 491-03-2073**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **27**  
 year **1943** hour **3** minute **20** **P.** M.  
 21. I hereby certify that I attended the deceased from **1/24/43**  
 19... to **1/27/43** 19...  
 that I last saw **him** alive on 19...  
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **PEARL FRANCK** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **JULY 14 1878**  
(Month) (Day) (Year)

Immediate cause of death **Myocardial degeneration**

Due to.....  
 Due to..... **932**  
 Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years **64** Months **6** Days **13** If less than one day  
 hr. min.

9. Birthplace **CARTHAGE MO. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **BAR TENDER**

11. Industry or business **Tavern Worker**

12. Name **JOHN H. FRANCK**

13. Birthplace **Unknown OHIO 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown WEAVER**

15. Birthplace **Unknown ILL. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. ERMA BOLES**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 29 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cem.**

18. (a) Signature of funeral director **J. W. Kingner & Co.**  
 (b) Address **Springfield, Mo.**

19. (a) **1-29-43** (b) **J. B. Handley**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
 Of operations.....  
 Of autopsy.....

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 **J. B. Lemmon** (M. D. or other) **MD**  
 Address **Springfield, Mo.** Date signed **1/28/43**

944

(Licensed Embalmer's Statement on Reverse Side)

W

FEB 24 1943

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**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.....

*J. B. Ringner*

Licensed Embalmer No.

3358

P. O. Address.....

*Springfield, 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.**

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