

FEB 9 1943

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Arcadia Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Home for Aged Baptists
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. The Home for Aged Baptist
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRENT FULL NAME Mrs. Elizabeth Lee Frank

8. (b) If veteran, name war -

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Isaac M. Frank 6. (c) Age of husband or wife if alive around years

7. Birth date of deceased: Sept. 10, 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 11
If less than one day hr. min.

9. Birthplace Alton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Jas. Agent & Housewife

11. Industry or business

MOTHER FATHER { 12. Name George W. Battarston

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

14. Maiden name Mary Ann Crowl

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

16. (a) Informant Wm. H. Burreney

(b) Address Ironton, Mo.

17. (a) Removal (b) Date thereof: 1-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Poplar Bluff Mo

18. (a) Signature of funeral director: Poplar Bluff Mo

(b) Address Over crop was one St.

19. (a) 1-21-43 (b) Virginia E. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st
year 1943 hour 10:00 minute 26 AM

21. I hereby certify that I attended the deceased from Nov. 15th 1942 to Jan. 21st 1943
that I last saw her alive on Jan. 21st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Bronchial Pneumonia
(Pt. note)

Due to Influenza

Due to Chronic arthritis

Other conditions: Chronic myocarditis?
(Include pregnancy within 3 months of death)

Major findings: 938

Of operations: -

Of autopsy: -

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. E. Farland (M. D. or other) M.D.

Address Ironton, Mo Date signed 1/21/43

1283

RECEIVED

District Health Officer No. 4
District File Number 243-17
Date Filed 2-8-43

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 Frederic C. Cray - U. C. Cray
Licensed Embalmer No. 3474
P. O. Address Poplar Bluff 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, above space should be left blank.