

FILED JUL 12 1943

Registration District No. 4

Primary Registration District No. 4012

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

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Rock Port Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Rock Port Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick William Salfrank

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Kosfick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 15 1890  
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Geo Salfrank

13. Birthplace Atchison Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Schindler

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

16. (a) Informant Mrs Myrtle Salfrank

(b) Address Rock Port Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereof May 21 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director J B Bertram

(b) Address Rock Port Mo

19. (a) May 21 1943 (b) Mablebut Laurend  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1943 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from January  
1943 to May 19, 1943  
that I last saw him alive on May 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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)  
Means of injury \_\_\_\_\_  
23. Signature Chas J Settle M.D.  
Address Rock Port Mo Date signed 5-20-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *By me*

.....; Registered Apprentice No.....  
working under my personal supervision.

Signed

*J. B. Bertram*

Licensed Embalmer No.

*4024*

P. O. Address

*Rock Part Me*

**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.**