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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34154

Registration District No. 41

Primary Registration District No. 5132

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: R.F.D. #1 Halls, Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.F.D. # 1, Halls, (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME George W. Frakes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January (Month) 26, (Day) 1885 (Year)

8. AGE: Years 58 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Willis Frakes
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Frakes
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Frakes (Wife)

(b) Address R.F.D. #1, Halls, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) 10/13/43 (Date received local registrar) (b) Opal E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th year 1943 hour 7 minute 30 A M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~[illegible]~~ on Oct 10, 1943 to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound through the head Cerebral hemorrhage and loss of brain substance

Due to Man shot himsel with a 22 Caliber rifle in the head.

Other conditions (Include pregnancy within 3 months of death) the bullet entered the right temporal region and exit at the left parietal region with

Major findings: Of operations

Of autopsy No. fatal hemorrhage and loss of brain substance

Duration 1 day

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) suicide

(b) Date of occurrence Oct 10 - 1943.

(c) Where did injury occur? Halls Bach Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About his home (Specify type of place)

While at work? no (e) Means of injury Rifle

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So 3d Date signed 10/10/43

1227

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.