

**FILED OCT 20 1943**

Registration District No. **41**

Primary Registration District No. **5132**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Buchanan**

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

(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none** (Specify whether)

In this community **Life** (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Frakes**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or Race **White**

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

6. (b) Name of husband or wife **Annie Frakes**

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

7. Birth date of deceased **June 13 1854**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>87</b>	<b>2</b>	<b>26</b>	_____ hr. _____ min.

9. Birthplace **Doniphan County, Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farm**

12. Name **Joseph Frakes**

13. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Flyche Clevenger**

15. Birthplace **Ray County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs F. H. Hauber**

(b) Address **Rushville R.F.D. # 2, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 11, 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sugar Creek Cemetery**

18. (a) Signature of funeral director **Arman W. Sidenfaden**

(b) Address **1802 Union, St. Joseph, Mo**

19. (a) **9/14/43** (b) **April C. Soper**  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**  
year **1943** hour **1** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **April 9, 1943** to **Sept 4, 1943**  
that I last saw him alive on **Sept 4, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **senility**

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

Other conditions (Include pregnancy within 3 months of death)

**93d**

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) (e) Means of injury \_\_\_\_\_

23. Signature **E. L. Plath D.O.** (M.D. or other) \_\_\_\_\_  
Address **De Kalb, Mo.** Date signed **9-9-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1100

1227

1010

**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 H. Hurley* .....  
Licensed Embalmer No. *4050* .....  
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.

*1010* *3* *1010* *1010*