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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 91

ED NOV 15 1943
Registration District No. 200

Primary Registration District No. 3041

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

1. PLACE OF DEATH:

(a) County MACON

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MACON

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

(d) Street No. 109 S Rubey (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Oscar Franks

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Maggie Franks 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 19 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st year 1943 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Tuesday October 12th 1943 to October 21st 1943, that I last saw him alive on October 21st 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 5 Days 3 If less than one day hr. _____ min.

Immediate cause of death: Coronary Disease Duration 6 days

Due to Arterio Sclerosis

Due to _____

Other conditions none other
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ezra Franks

{ 13. Birthplace _____ (City, town, or county) (State or foreign country) Pa

{ 14. Maiden name Louisa Smith

{ 15. Birthplace _____ (City, town, or county) (State or foreign country) Pa

Major findings: Of operations _____

Of autopsy 92a

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Ezra Franks

(b) Address Elmer, Mo.

17. (a) Burial (b) Date thereof 10-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagoner (Macon)

18. (a) Signature of funeral director G. E. ...

(b) Address Clayton ...

19. (a) 10/23/43 (b) Jora B. Kunkler
(Date received local registrar) (Registrar's signature)

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) (Specify means of injury)

23. Signature Dr. Lloyd Carroll (M. D. or other) 70

Address Wagoner, Missouri Date signed 9/24/43

RECEIVED

District Health Officer No. 10

District File Number 11-4-3-1800

Date Filed _____

NOV 9 1943

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..... *Louis C. Hopper*

Licensed Embalmer No..... *42610*

P. O. Address..... *Clarence, 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.