S. No. 2
OM—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43286

FILED JAN 10 1944

Registration District No. 244

Primary Registration District No. 3052

State File No.

Registrar's No. 398

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 519 Lafayette /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 519 S Lafayette 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Frank

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white /

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Peter Frank

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

7. Birth date of deceased Sept. 20 1847
(Month) (Day) (Year)

8. AGE: Years 96 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business at home

FATHER
12. Name Samulson
13. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hanson
15. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)

16. (a) Informant William A Morgan
(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof Dec 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 12-24-43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1943 hour 7 minute 05 P M.

21. I hereby certify that I attended the deceased from 7-28, 1942 to 12-22, 1943;
that I last saw her alive on 12-22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	3 hours
Due to Chronic myocarditis	
Due to Arteriosclerosis.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy	

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Rodeman M.D. (M. D. or other)
Address Sedalia, Mo Date signed 12-24-43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-44

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.