

FILED MAR 14 1944

Registration District No. 228

Primary Registration District No. 2-8-0-8-4342 Registrar's No. ....

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Jonesburg  
(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 years, months or days)

In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery

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

(d) Street No. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME John S. Fraunhofer Sr.

3. (b) If veteran ✓ name war.....

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6  
year 1944 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 6  
1944 to Feb 6 1944;  
that I last saw him alive on Feb 6 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mrs. Katherine Fraunhofer 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 14 1876  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
Duration 7 hrs.

8. AGE: Years Months Days If less than one day

67 8 22 hr. min.

Due to Chronic myocarditis 7 yrs.

Due to Arterio-sclerosis ?

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

10. Usual occupation Retiree

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93d

Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Nick Fraunhofer

13. Birthplace Hungary 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Barbed

15. Birthplace Hungary 4  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Kate Fraunhofer

(b) Address Jonesburg Mo.

17. (a) Burial (b) Date thereof Feb 10 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg Mo.

18. (a) Signature of funeral director H. A. Harding

(b) Address Jonesburg Mo.

19. (a) Feb 11 1944 (b) Lellie Jeffries  
(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?  
(Specify type of place)

While at work?..... (e) Means of injury 0

23. Signature James O. Helm (M. D. 1)  
Address New Florence Date signed 2th 44

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

76  
0  
0

RECEIVED

District Health Officer No: 9,

District File Number.....

Date Filed 3-13-44

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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.....

*ME*

working under my personal supervision.

Registered Apprentice No.....

Signed

*Carl S. Harding*

Licensed Embalmer No. 4115

P. O. Address Jensbury 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.