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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17875

State File No. 1

FILED JUN 9 1944

Registration District No. 9 1944

Primary Registration District No. 5358

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Daviess

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town rural LEE TOWNSHIP 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 1

3. (a) PRINT FULL NAME Francis Fankhanel

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 single

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

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

7. Birth date of deceased May 29, 1913 (Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace East Leavenworth, Mo., 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Herman Fankhanel
13. Birthplace Platte County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Goldie Alexander
15. Birthplace Platte County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Alexander
(b) Address PlattteCity, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Vivian R. Nash
(b) Address Platte City, Mo.

19. (a) 5-8-1944 (Date received local registrar) (b) L. O. Richesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21
year 1944 hour 6.00 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...
that I last saw ~~him~~ ~~alive~~ dead on April 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of lightning

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 031

(b) Date of occurrence 4-21-1944

(c) Where did injury occur? Rural (City or town) Daviess (County) Mo. (State)

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

While at work? Yes (e) Means of injury Lightning

23. Signature F. B. Bailey Coroner of Daviess (M.D. or other) R.O.

Address Jamesport, Mo. Date signed 4-22-44

1084

(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 Frances M. Giffee, Registered Apprentice No. 361 working under my personal supervision.

Signed Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton Th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.