S. No. 2
1—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34589

State File No.

FILED NOV 18 1944

Registration District No. 18 Primary Registration District No. 4267 Registrar's No. 46

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

4
4
0

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa
(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) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Odessa 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Franks
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Fe 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Thos. L. Franks
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 6, (Day) 1871 (Year)

8. AGE: Years 73 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Clark Co. Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name James Reamy
13. Birthplace 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Wilcox
15. Birthplace 4
(City, town, or county) (State or foreign country)
16. (a) Informant A.D.Franks
(b) Address Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.
18. (a) Signature of funeral director L.C.Husman
(b) Address Odessa, Mo.
19. (a) Oct-25-1944 (Date received local registrar) (b) Mrs W.J. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16 year 1944 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 1 1943, 19 to Oct 16, 19 44 that I last saw he alive on Oct 11, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Senility & general debility malnutrition & fed. righ

Due to Bilateral F-2 hip fr. sept 20-1943 Senile dementia, 0

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

Duration

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) F-2 Hip
(b) Date of occurrence Sept 20-1943
(c) Where did injury occur? Odessa Lafayette Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? (e) Means of injury
23. Signature J.W. Martin M.D. (M. D. or other)
Address Odessa Mo Date signed 10-17-44

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1946

RECEIVED
District Health Officer No. 8,

File Number 1-6-47

NOV 16 1944

AUG 1 1947

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 George E. Hagman

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.