

FILED DEC 11 1944

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 392

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

**1. PLACE OF DEATH:**  
 (a) County Callaway  
 (b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Callaway Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether Life)  
 In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Henry Frank  
 (b) If veteran, name war No  
 (c) Social Security No. no

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Anna Lederle Frank  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 29 1868  
(Month) (Day) (Year)

**8. AGE:** Years 76 Months 10 Days 27  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Brick mason

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** {  
 12. Name Jacob Frank  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Backer  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Martin L. Frank  
 (b) Address 311 west 6th Fulton Mo.

17. (a) Burial (b) Date thereof Nov 27 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral Home  
 (b) Address Fulton Mo.

19. (a) 11-27-1944 (b) Joan Marsickhoff  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Callaway 14  
 (c) City or town Fulton 1  
(If outside city or town limits, write "RURAL") 2  
 (d) Street No. 209 Court St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Nov. day 26  
 year 1944 hour 2 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Nov 23 1944 to Nov 26 1944  
 that I last saw him alive on Nov 26 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia  
 Duration 5 days

Due to \_\_\_\_\_  
 Due to 108

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature John J. Brown (M.D. or other) \_\_\_\_\_  
 Address Fulton Mo. Date signed 11-27-44

DEC 19 1944  
MAR 12 1945

DEC 12 1944

AUG 7 1945

SEP 6 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-9-44

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 Wenzel C. B. Rowning

Licensed Embalmer No. 2724

P. O. Address Fulton md

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.