

FILED DEC 13 1944

Registration District No. 273 Primary Registration District No. 3744547 Registrar's No. ....

1. PLACE OF DEATH:

- (a) County North  
(b) City or town Frank City, Mo.  
(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) 11  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs. years, months or days

3. (a) PRINT FULL NAME

- Joseph Simon Deshazer  
(b) If veteran \_\_\_\_\_ (c) Social Security  
name war \_\_\_\_\_ No \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Nellie Mae Deshazer  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased March 27 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 5 18 hr. min.

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

10. Usual occupation Farmer & Salesman

11. Industry or business

12. Name Luke Deshazer  
13. Birthplace Desha, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Angie Smith  
15. Birthplace Bethany, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie M. Deshazer

(b) Address Frank City, Mo.

17. (a) Burial (b) Date thereof 9-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frank City Cem.

18. (a) Signature of funeral director Arch. Duffie

(b) Address Frank City, Mo.

19. (a) Oct 10-1944 (b) Arline Seaden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County North  
(c) City or town Frank City, Mo.  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15  
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-14  
14 to 9-15-1944  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Coronary Occlusion Duration 24 hr.

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

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

Other conditions 946  
(Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations \_\_\_\_\_

Of autopsy ✓

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 ✓ or about home, on farm, in industrial place, in public place?

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

23. Signature E. H. Hays, M.D. (M. D. or other)

Address Frank City, Mo. Date signed Oct 10-44

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

**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

*Arch C. Dingle*

Licensed Embalmer No

3257

P. O. Address

*Loant City, 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.**