S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1945

Registration District No. 17

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

State File No. 9270

Registrar's No. 71

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 County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 26 Days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Fulton
(If outside city or town limits, write "RURAL")
(d) Street No.: 311 W 6th St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ANNA BARBRA FRANK
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Henry
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan (Month) 17 (Day) 1871 (Year)

8. AGE: Years 74 | Months 1 | Days 15 | If less than one day: hr. min.

9. Birthplace: Portland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Eugene Lederle
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: Emma
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Martin L. Frank
(b) Address: 311 W 6th St, Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3;4;45 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest Cem.
18. (a) Signature of funeral director: Wallace Funeral Home
(b) Address: Fulton, Mo. (O. L. Browning Mgr)
19. (a) 3-4 1945 (Date received local registrar) (b) Joice Moroukoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2 year 1945 hour 1130 minute P M.
21. I hereby certify that I attended the deceased from 5-3, 1944, to 3-2, 1945 that I last saw her alive on 3-2, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis	6 mo.
Due to: Carcinoma Rt. Breast	8 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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):
(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:
23. Signature: John J. Brown (M. D. or other)
Address: Fulton, Mo. Date signed 3/3/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-23-45

JUL 25 1945

MAR 29 1945

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.