V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

FILED DEC 17 1945

State File No. 37192

Registration District No. 121 Primary Registration District No. 4200 Registrar's No. 61

29
1
0

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Ash Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Native

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Ash Grove 1 (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? — 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ralph D. Frame
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of ~~husband or~~ wife: Lora B. Frame
6. (c) Age of ~~husband or~~ wife if alive: 52 years
7. Birth date of deceased: 6 (Month) – 24 (Day) – 1884 (Year)
8. AGE: Years 61 Months 4 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace: Ash Grove (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: John T. Frame
13. Birthplace: Ind. 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Venita Elson
15. Birthplace: Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lora Frame
(b) Address: Ash Grove Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Ash Grove
18. (a) Signature of funeral director: Mozeus Lemon
(b) Address: Miller Mo.
19. (a) Nov 13, 1945 (Date received local registrar) (b) Irene C. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1945 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ~~Nov 10~~ Sept-24 1945 to Nov. 10 1945 that I last saw him alive on Nov-10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1/2 hr.
Due to Coronary thrombosis	7 wks
Due to Coronary Disease	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0
23. Signature: Dr. Charles H. Orr (M. D. or other) M.D.
Address: Ash Grove, Mo. Date signed 11/41/45

1650 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 45-12-95
Date Filed 12-15-45.

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 L. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Milledgeville Ga.

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.