

No. 2
-9-43
-17-39
X37823

FILED JAN 28 1946

Registration District No. 278

Primary Registration District No. 4413

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Frankford
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 YEARS (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Frankford
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JEAN ELEANOR HOLMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race WHITE

6. (a) Single, widowed, married, divorced widowed

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days 18 If less than one day hr. _____ min. _____

9. Birthplace Mount Healy Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Richardson

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Stratton

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Horace Jackson

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof Dec. 18 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Fields and Son

(b) Address Frankford, Mo.

19. (a) 12/18/45 (b) Margaret Stephens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th year 1945 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from Dec. 12 1945, to Dec. 16 1945;

that I last saw her alive on Dec. 15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration _____

Due to Hypertension

Due to apoplexy
venous poisoning

Other conditions 830
(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? _____

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

23. Signature E. P. Hansen (M. D. or other) D.O.

Address Frankford, Mo. Date signed 12/27/45

255

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

100733

JAN 25 1946

RECEIVED

District Health Officer No. 10

License No. 1-46-6

JAN 16 1946

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 Dore Fields Megown

Licensed Embalmer No. 4093

P. O. Address Frankford 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.