

8-43
-17-39
X37823

FILED JUL 9 1948
Registration District No. 30

Primary Registration District No. 5102

State File No.

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Fristoe "Rural"
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Fristoe
(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 JOHN F RANK

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 1946 year hour 9 minute P M.

21. I hereby certify that I attended the deceased from June 23 1946 to June 24 1946.
I last saw him alive on June 23 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Roberta Rank

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug 30 1870
(Month) (Day) (Year)

Immediate cause of death Cancer of prostate and rectum

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

75 9 25 hr. min.

9. Birthplace Benton County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmed

11. Industry or business _____

12. Name Henry Rank

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

14. Maiden name Thattall

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

16. (a) Informant Henry Rank

(b) Address Fristoe, Mo

17. (a) Burial (b) Date thereof June 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home Cemetery

18. (a) Signature of funeral director Leser Funeral Home

(b) Address Warsaw

19. (a) 6-26-46 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

Other conditions (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 in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work _____ (e) Means of Injury Stroke

23. Signature W. H. ... (M. D. or other) _____

Address Warsaw, Mo Date signed June 24/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

MOTHER FATHER

23

RECEIVED

EMBALMER'S OFFICER No. 7,

6-46-687

Date Filed 7-8-46

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..... *John F. Reed*.....
Licensed Embalmer No..... *4098*.....
P. O. Address..... *Tharsaw, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 190

Registration District No. 30 Primary Registration District No. 5102

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Rural
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

3. (a) PRINT FULL NAME John F. Rank
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month July Day 1 Year 1946 hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 20 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I had seen _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

8. AGE: Years 75 Months 9 Days 22 If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country) mo

Duration _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 51X
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (c) Means of injury _____
(b) Address _____
19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

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) (c) Means of injury _____
23. Signature W. H. Rank (M. D. or other) _____
Address Wasserman Date signed _____

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

SUPPLEMENTARY

1946

19448