

FILED SEP 10 1946

State File No. ....

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 261

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Donne Terre, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Donne Terre Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Farmington Rt # 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Joseph Huber

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Cauc 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 8, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	10	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant EDWARD HUBER  
(b) Address Farmington Rt #4

17. (a) Burial (b) Date thereof Aug-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Fran Memorial Park

18. (a) Signature of funeral director Sparks Funeral Home  
(b) Address 300 Taylor ave, Flat River, Mo

19. (a) 8-24-46 (b) Cether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18  
year 1946 hour 9:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 8-1  
7 to 8-18-1946  
that I last saw him alive on 8-17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute labor Pneumonia with edema  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 108  
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) (c) Means of injury 0

23. Signature Geo. R. Watten (M. D. or other) \_\_\_\_\_  
Address Farmington Mo Date signed 8-22-46

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

RECEIVED

District Health Officer No. 4  
District File Number 946-256  
Date Filed 9-9-46

**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 Murphy Sparks  
Licensed Embalmer No. 4236  
P. O. Address Hot River, 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.**