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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED SEP 18 1947**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **31624**

Registration District No. **136**

Primary Registration District No. **-2-0-15581**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Rt. 3, Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 2 1/2 years

**3. (a) PRINT FULL NAME** Frances Franks

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 single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: October 6 1933  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace: Choctaw Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business student

12. Name J. P. Franks

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

14. Maiden name Agnes Campbell

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

16. (a) Informant J. P. Franks

(b) Address Rt. 3, Box 69, Joplin

17. (a) burial (b) Date thereof Sept 2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial Cem

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin, Missouri

19. (a) 9-2-47 (b) Solomon Sampson Jr.  
(Date received local registrar) (Registrar's signature) 136

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

(c) City or town Rt. 3, Joplin  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 29  
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 28 1947 to Aug 29 1947  
that I last saw her alive on \_\_\_\_\_ 19\_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and Internal Hemorrhage - ruptured Urinary Bladder  
Due to fracture of pelvis

Due to Car accident

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

Major findings: 170c  
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 49

(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 J. P. Franks (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed \_\_\_\_\_

collision with fire truck

47-8-751

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 Erling M. Dungey

Licensed Embalmer No. 3566

P. O. Address Joplin Missouri

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. 001

Registration District No. 156

Primary Registration District No. 5-5-81

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Frances Grack

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Oct 6 1909  
(Month) (Day) (Year)

8. AGE: Years 13 Months 6 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

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)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month 11 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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) Car accident  
(b) Date of occurrence 8-28-47  
(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? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) md  
Address Traced Bld Date signed 10/2/47

SUPPLEMENTARY

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

MOTHER FATHER

S-31624