No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37121

FILED DEC 15 1947

Registration District No. 112 — Primary Registration District No. 1000 — Registrar's No. 1434

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1710 Jones St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1710 Jones St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Joseph J. Frank
3. (b) If veteran, name war: no
3. (c) Social Security No.: 486-24-8395
4. Sex: Male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: widower 2
6. (b) Name of husband or wife: Katherine
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 22, 1873 (Month) (Day) (Year)
8. AGE: Years 74 | Months 4 | Days 3 | If less than one day: hr. min.
9. Birthplace: St. Joseph, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Barber
11. Industry or business: ----
MOTHER FATHER
12. Name: John Frank
13. Birthplace: unknown unknown 9 (City, town, or country) (State or foreign country)
14. Maiden name: Katherine Klaber
15. Birthplace: unknown unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: John J. Frank
(b) Address: 1607 Highly St, St. Joe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 12-9-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1947 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from 11/5/47, 19..., to 11/15/47, 19...; that I last saw him alive on 11/15/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial failure	1 hr.
Due to: Chronic myocarditis	5 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: W. Boothe (M. D. or other)
Address: St. Joseph, Mo. Date signed: 11/28/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.