

FILED JAN 3 1948

Registration District No. **324**

Primary Registration District No. **6092**

Registrar's No. **253**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Grand Pass Township Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grand Pass Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 3 months
years, months or days (Specify whether)

3. (a) PRINT FULL NAME David Lee Frakes

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

4. Sex Male 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 1st, 1947.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 20 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Daisy Ann Frakes

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

16. (a) Informant Daisy Ann Frakes
(b) Address Grand Pass, Mo.

17. (a) Burial (b) Date thereof Dec. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Pass Mo.

18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall, Mo.

19. (a) Dec. 22-47 (b) Bidney J. Gray
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Grand Pass Township Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grand Pass Township
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1947 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from the death, 1947,
that I last saw h. ✓ alive on Dec. 21, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy No

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 Saline Co.

23. Signature C. Lawless Croner (M. D. or other)

Address Marshall Mo. Date signed 12-22-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-7-48.....

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 W. Campbell Jr......

Licensed Embalmer No. 3467.....

P. O. Address Marshall, Miss.....

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.