No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4591

FILED MAR 5 1948

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 166

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural Corner Campbell Twp 66 By-Pass
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Corner W. Division + 66 By Pass
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural - Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Rt4 Corner W.Division & 66 By-Pass
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Mrs.Sarah Ann Frank
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F M 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 11 (Day) 1865 (Year)

8. AGE: Years 82 Months 11 Days 8 If less than one day hr. min.

9. Birthplace La Clede County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Gum Frank 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs.Floyd Frank
(b) Address Cor.W.Division & 66 By-Pass
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director W.L.Dunn
(b) Address Springfield, Mo.
19. (a) 2-24-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 th.
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from not attended by a physician
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death probably chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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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) 0 ✓
While at work? (e) Means of injury 0

23. Signature W.E. Handley (M. D. ~~or other~~) Local Registrar
Address Springfield Mo Date signed 2/24/48

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

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 H. L. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.**