No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12149

Primary Registration District No. 2000

Registrar's No. 304

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 836 S. Grant no (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 55 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield, Missouri (If outside city or town limits, write "RURAL")
(d) Street No.: 836 South Grant (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Franklin LeRoy Genung
3. (b) If veteran, name war: no
3. (c) Social Security No.: unknown

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Leona
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: February 26, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	13	hr. min.

9. Birthplace: Oskosh, Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation: machinest
11. Industry or business: Railroad
FATHER
12. Name: Wallace Genung
13. Birthplace: New York State (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Earl Genung
(b) Address: Springfield, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: 630 St. Louis, Springfield, Mo.
19. (a) 4/13/48 (Date received local registrar) (b) W. L. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1948 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feb. 24, 1948 to Apr. 9, 1948 that I last saw h. alive on Apr. 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	6 mo
Due to: Degenerative cardiovascular disease	4 yrs
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

23. Signature: Arthur D. Krabb (M. D. or other) MD
Address: 1630 N. Jefferson Date signed: 4-13-48

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 Richard E. Watts, Registered Apprentice No. 206, working under my personal supervision.

Signed Jerrell E. Windle

Licensed Embalmer No. 2831

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.)

[1] If this body is not embalmed, fact should be so stated above.