

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

25605

State File No. _____

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 mi. N. on Highway 67
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Poplar Bluff, Mo.
57 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff - (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi N. on Highway 67
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Franko

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 Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec. 15, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 8 12 hr. min.

9. Birthplace Jugoslavia, Europe
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Unknown 9

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 Mrs. Josephine Franko

(b) Address Poplar Bluff, Mo

17. (a) BURIAL (b) Date thereof 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic - Poplar Bluff, Mo

18. (a) Signature of funeral director Frank Catwell

(b) Address Poplar Bluff, Mo

19. (a) 9-7-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1948 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Senility
Duration 3 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy [Signature]

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) (c) Means of injury _____

23. Signature [Signature] (M. H. or other) _____
Address Poplar Bluff, Mo (Date signed) 9/24-48

RECEIVED

District Health Office No. 2,

District File Number 948-116

Date Filed 9-13-48

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

John M. Davies

, Registered Apprentice No. 487

working under my personal supervision.

Signed

Scott A. Abbott

Licensed Embalmer No. 3567

P. O. Address P. B. M.

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.