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. 28547

FILED SEP 10 1948

Registration District No. 524 — Primary Registration District No. 3072 — Registrar's No. 182

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 17 hrs. (Specify whether years, months or days)
In this community: 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline
(c) City or town: Grand Pass (Rural) (If outside city or town limits, write "RURAL")
(d) Street No.: 2½ Mi. N.E. of Grand Pass (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -------

3. (a) PRINT FULL NAME: Della Hazel Frakes
3. (b) If veteran, name war: ------
3. (c) Social Security No.: -----
4. Sex: Fe
5. Color or race: W
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: 7 (Month) 25 (Day) 1933 (Year)

8. AGE: Years 15 | Months 1 | Days 0 | If less than one day: ---- hr. ---- min.

9. Birthplace: Saline Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: HouseKeeper
11. Industry or business: ---------

MOTHER / FATHER
12. Name: Aaron A. Frakes
13. Birthplace: Mercer Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Elizabeth Adams
15. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Aaron A Frakes
(b) Address: Grand Pass, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Nebo Cem. Grand Pass, Mo.
18. (a) Signature of funeral director: Harry Hirshberger
(b) Address: Marshall, Mo.
19. (a) Aug. 27-1948 (Date received by local registrar) (b) Sidney T Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 25 year: 1948 hour: 7 minute: 00 A.M.

21. I hereby certify that I attended the deceased from: as restigated the death Aug 25 1948 that I last saw h alive on: ---- 19..... and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Accidental Gun Shot wound - By Brother
Due to: Aaron Frakes.
Due to:
Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations: 64 / 6 / 15
Of autopsy: No

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): Accident
(b) Date of occurrence: Aug. 25. 1948
(c) Where did injury occur? Salina Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Farm (Specify type of place)
While at work? ---- (e) Means of injury: Gun
23. Signature: C. L. Lawless Coroner Saline Co (M. D. or other)
Address: Marshall Mo Date signed: 8-27-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-9-48

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 Joseph P. Mackelen
Licensed Embalmer No. 4571
P. O. Address Marshall, 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.