

1. PLACE OF DEATH: Saline  
(a) County.....  
(b) City or town..... Nelson, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
\*\*\*\*\*  
(If not in hospital or institution, write street number or location).  
(d) Length of stay: In hospital or institution.....  
In this community..... lifetime in Saline County  
years, months or days)

3. (a) PRINT FULL NAME Frank B. Ault  
3. (b) If veteran, name war..... none 3. (c) Social Security No. .... none  
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lida Hamilton Ault 6. (c) Age of husband or wife if alive..... 69 years  
7. Birth date of deceased September 27, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 11 28 hr. .... min.

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

10. Usual occupation Mechanic-blacksmith

11. Industry or business \*\*\*\*\*

MOTHER FATHER { 12. Name Ezra Thomas Ault  
13. Birthplace unknown, Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth  
15. Birthplace unknown, Indiana  
(City, town, or county) (State or foreign country)  
16. (a) Informant Charles Ault (son)  
(b) Address Oakland, California

17. (a) Burial (b) Date thereof 9/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Nelson Cemetery

18. (a) Signature of funeral director William C. Gering  
(b) Address Sedalia, Missouri  
19. (a) Sept. 27-1948 (b) Sidney J. Grogan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saline 92  
(c) City or town Nelson 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... \*\*\*\*\*  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 25  
year 1948 hour 11:45 minute P. M.  
21. I hereby certify that I attended the deceased from Jan 48 to Sept 25, 1948  
that I last saw him alive on Sept 25, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death). 56  
Major findings: Of operations.....  
Of autopsy.....  
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.....  
23. Signature James A. Red (M. D. or other).....  
Address Marshall Mo Date signed 9-27-48

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 10-14-48

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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 D. Conn, Registered Apprentice No. 261  
working under my personal supervision.

Signed Karen K. Dietz

Licensed Embalmer No. 4583

P. O. Address Sedalia, 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.