

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

1. PLACE OF DEATH a. COUNTY Montgomery			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City						
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location) none						
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) G.	c. (Last) Frank		4. DATE OF DEATH (Month) (Day) (Year) Jan 5 th 1949				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov 14 th 1861	9. AGE (in years last birthday) 87	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 10 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 10 HRS.	Months	Days
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Months	Days								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Herman Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George G. Frank		13b. MOTHER'S MAIDEN NAME Mary L. Muns		14. NAME OF DECEASED'S WIFE Missouri Penn Frank					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Frank Montgomery City Mo							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial degeneration</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Chronic myocarditis</p> <p>DUE TO (c) chronic interstitial nephritis</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>3 days</p> <p>15 years</p> <p>20 years</p>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. O. 2			23b. ADDRESS Montgomery City Mo		23c. DATE SIGNED I-7-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE I-7-49	24c. NAME OF CEMETERY OR CREMATORY Nettle	24d. LOCATION (City, town, or county) (State) 5 miles west Mineola Mo						
DATE REC'D BY LOCAL REG. I-7-49	REGISTRAR'S SIGNATURE 209 Vivian J Spira		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Hopkins Montgomery City Mo						

C. W. Hopkins

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

70
1
6

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, ~~xx~~ on the 6
day of Jan 1949

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed G. W. Hopkins
G. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.