

5. No. 300
V. 10.48

REC'D JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21905

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 296

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>JASPER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If informant: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>723 N PEARL ST</u> | | d. STREET ADDRESS (If rural, give location) <u>723 N PEARL 0495</u> | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>FRANK</u> c. (Last) <u>TENNER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-53</u> | | |
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|-----------------|---------------------------|---|-----------------------------------|---|---|---|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>12/4/1867</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 18 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|---|-----------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Janitor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u> | 11. BIRTHPLACE (State or foreign country) <u>GERMANY</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>GUSTAVE TENNER</u> | 13b. MOTHER'S MAIDEN NAME <u>ANNIE SCHMIDT</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|--|--|-----------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Mrs. Harry J. Eckart (daughter)</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>24-53</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>332 X</u> | |

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| 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) (Min.) _____ | 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 Dec 16, 1951, to June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

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|--------------------------------------|--------------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Raymond M. ...</u> | 23b. ADDRESS <u>708 Francis Bldg</u> | 23c. DATE SIGNED <u>June 4 53</u> |
|--------------------------------------|--------------------------------------|-----------------------------------|

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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>DONAL</u> | 24b. DATE <u>6/6/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE</u> | 24d. LOCATION (City, town, or county) (State) <u>Webb City MO</u> |
|---|---------------------------|---|---|

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|---|--|---|-------------------------|
| DATE REC'D BY LOCAL REG. <u>6-11-53</u> | REGISTRAR'S SIGNATURE <u>Ed S. James</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. LLOYD GLOYER</u> | ADDRESS <u>MONMOUTH</u> |
|---|--|---|-------------------------|

(Licensed Embalmer's Statement on Reverse Side)

422 Sgt

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

Ray Meyers

RECEIVED 6-29-53
Jasper County Health Office
County File Number 53-6-536
Date Filed 6-29-53

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Dale Glover

Signed.....
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.