

ED MAY 15 1940 99

1002

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 1670

1. PLACE OF DEATH: Jackson  
(a) County Kansas City  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1221 Woodland Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 652 (Specify whether years, months or days) unknown

8. (a) PRINT FULL NAME Willis Thomas Franklin  
8. (b) If veteran, name war No  
8. (c) Social Security No. No

4. Sex male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 12, 1860 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Lynchburg - Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business  
12. Name Willis Franklin  
13. Birthplace Va. (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Triceheart  
(b) Address 1221 Woodland Avenue

17. (a) Burial (b) Date thereof April 22, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Fannie A. Medley  
(b) Address 1707 E. 18th

19. (a) April 19, 1940 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 1221 Woodland (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr, day 16, year 1940 hour minute 2:10 P. M.  
21. I hereby certify that I attended the deceased from 2-15-40, 1940 to 4-16-40, 1940 that I last saw him alive on Apr 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction  
Duration: 93 1/2

Due to:  
Due to:  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations:  
Of autopsy: None

22. If death was due to external cause, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

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 M. M. Crowe (M. D. or other)  
Address 1512 N. 9th Date signed 4-18-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 Fannie J. Meek

Licensed Embalmer No. 3818

P. O. Address 1707 E. 18th St.

**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, above space should be left blank.**