

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23125
Do not use this space.

1. PLACE OF DEATH 2
 (a) County Wright Registration District No. 908
 (b) Township Mt. Grove Primary Registration District No. 6222 Registered No. 33
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
652
 2. PRINT FULL NAME Lillie MAY FRANKLIN
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Franklin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 7, 1891
 7. AGE YEARS MONTHS DAYS 48 6 16 19 LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Housewife 11. Total time (years) spent in this occupation.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Othel, Mo. 0
 FATHER 13. NAME A. P. Robinson 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1
 MOTHER 15. MAIDEN NAME Elizabeth Brentnall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) L. Thome
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE May 15, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber
 20. FILED 6-8 19 40 Renner Montgomery (Address) min. grove
 (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Examined 5/13, 1940
 I last saw her alive on 5/13, 1940 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
cerebral hemorrhage? Date of onset _____
 Other contributory causes of importance: 87W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) R. A. Ryan, M. D.
 (Address) min. grove

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.

RECEIVED

District Health Officer No. 6,

District File Number 640-1462

Date Filed _____

JUN 26 1940

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

Russell Barber

Licensed Embalmer No. 3848

P. O. Address Wm. Groves

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.