

No. 2
1-10-39
17-39
X21492

FILED AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25250

State File No.

Registration District No. 918

Primary Registration District No. 5439

Registrar's No. 571

1. PLACE OF DEATH:

(a) County Greene, Mo

(b) City or town Springfield
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution R.F.D. #1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 yr - 9 mo - 18 da whether
years, months or days

8. (a) PRINT FULL NAME Thamps Franklin

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male Colored 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sally Franklin 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Mar. 27 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 12 If less than one day
hr. min.

9. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name George Franklin

13. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Sally Heever

15. Birthplace Unknown Tenn
(City, town or county) (State or foreign country)

16. (a) Informant J. H. Franklin

(b) Address R.F.D. #1

17. (a) Retrieved (b) Date thereof July 12 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartsville Mo

18. (a) Signature of funeral director W.P. Campbell

(b) Address 867 Wash Ave Springfield Mo

19. (a) July 12 1940 (b) W.E. Huddell (c) W.E. Huddell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright

(c) City or town Hartsville
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9th
year 1940 hour 1:20 minute _____ M.

21. I hereby certify that I attended the deceased from 6/30/40 19____ to 7/9/40 19____;
that I last saw him alive on 7-7- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
6-29/40

Due to _____

Due to Senility 97

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 904

While at work? _____ (Specify type of place)
(e) Means of injury _____

Signature C. E. Feller (M. D. or other) _____

Address Springfield Mo Date signed _____

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

MOTHER FATHER

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.....

W. P. Campbell

Registered Apprentice No.

working under my personal supervision.

Signed

W. P. Campbell

Licensed Embalmer No.

1747

P. O. Address

Springfield, 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, above space should be left blank.