

No. 2
-13-40
17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Smawley
State File No. 32791

Registration District No. 668
OCT 18 1940

Primary Registration District No. 3033

Registrar's No. 282

1. PLACE OF DEATH: *Pettis*
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 720 W Pettis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 720 W Pettis
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Lester Lee Franks
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 3 year 1940 hour 3 minute 30.4 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Aug 28 1940, to Sept 3 1940, that I last saw him alive on Sept 3 1940, and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug 15 1940
(Month) (Day) (Year)

Immediate cause of death Pneumo Pneumonia

8. AGE: Years Months Days If less than one day
19 hr. min.

Due to Influenza

9. Birthplace Sedalia Mo
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation _____

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

11. Industry or business _____

Major findings: _____

12. Name Henry Franks

Of operations _____

13. Birthplace Childsburg Mo
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Gella Peters

15. Birthplace Blackwater Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Franks

(b) Address Sedalia

17. (a) Burial (b) Date thereof Sept 4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 9/6/40 (b) Mr Harry Sneed
(Date received local registrar) (Registrar's signature)

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) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? g.i.w.
(Specify type of place) (e) Means of injury _____

23. Signature W Smawley (M. D. or other) _____

Address Sedalia Date signed 9/6/40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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.

Registered Apprentice No.
Signed *Robert H. Reed*
Licensed Embalmer No. *3745*
P. O. Address *Sedalia*

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.