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13-40
7-39
X23159

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Franklin
(c) Name of hospital or institution: 2114 Sergeant
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Fannul D. Seright
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. D. Seright 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 8, 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Bronson, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business 9

12. Name Adeline Woods 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mahaley Woodson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Seright
(b) Address Franklin

17. (a) Buried (b) Date thereof Nov-11-1940
(Racial designation, on removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Walt City, Small
(b) Address Walt City, Mo.

19. (a) 11-9-40 (b) W. D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Franklin
(d) Street No. 2114 Sergeant
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 8 year 1940 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from March 24, 1940, to March 29, 1940, (that I last saw him alive on March 29, 1940 and that death occurred on the date and hour stated above.)

Immediate cause of death Chronic Myocarditis Duration 7

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy NO.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372

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

23. Signature W. D. James (M. D. or other) M.D.
Address Franklin, Mo. Date signed 11-9-40

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

REC'D DEC 11 1940

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 myself.

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Well City, 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.