

No. 2
13-40
17-39
48-53

EC 16 1940
Registration District No. 668

Primary Registration District No. 8032

State File No. _____
Registrar's No. 359

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Bothwell Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 6 days
In this community 15 Years
years, months or days 1

3. (a) PRINT FULL NAME Joseph Franklin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Nell Franklin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Dresden Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Thomas Franklin

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

14. Maiden name Sarah Ammick

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

16. (a) Informant Thomas Franklin

(b) Address Knobnoster Missouri

17. (a) Burial (b) Date thereof Nov. 19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster Cem.

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Missouri

19. (a) 11-19-40 (b) Mrs Harry Smeed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 South Marshall
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1940 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 12
1940, to Nov 17, 1940
that I last saw him alive on Nov 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Following suppurative cystitis
Due to Prostatic hypertrophy
Due to _____
Due to _____

Other conditions 137
(Include pregnancy within 3 months of death)

Major findings: Of operations Enlarged Prostate
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) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature H. J. Bishop (M. D. or other) _____
Address Sedalia Mo Date signed 11-18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0
4
7

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Missouri

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.