No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECD MAR 14 1941

Registration District No. 39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5723

Primary Registration District No. 1002

Registrar's No. 495

48 3 8

1. PLACE OF DEATH:
(a) County: Jackson,
(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3511 Woodland,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 35 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri, (b) County: Jackson, 3
(c) City or town: Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3511 Woodland,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: James Bunton Franklin,

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Jennie Bell Franklin,

6. (c) Age of husband or wife if alive: 5 years

7. Birth date of deceased: Mar. (Month) 31 (Day) 1879 (Year)

8. AGE: Years 61 Months 1 Days 18 If less than one day hr. min.

9. Birthplace: Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation: Executive,

11. Industry or business: Transfer,

FATHER
12. Name: Willard W. Franklin,
13. Birthplace: Indiana, (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Christina Burton,
15. Birthplace: Missouri, (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mrs. Jennie Bell Franklin,
(b) Address: 3511 Woodland, Kansas City, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof: 2-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-3-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st year 1941 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 29 1941 to Jan 31 1941, 19....; that I last saw the deceased alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Congestion

Due to: Chronic myocarditis

Due to: Sclerotic Cirrhosis

Other conditions (Include pregnancy within 3 months of death): 0

Major findings: Of operations: 1 A32

Of autopsy: 4 3 A

Duration

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

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)
While at work? (e) Means of injury 5

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Willis H Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed: [illegible]

Licensed Embalmer No. 1415

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.