V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 66

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-8-78-4396

State File No. 15141

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Perryville

(b) City or town Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 - 2 - 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town McBride Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Franklin

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Emma Franklin

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

7. Birth date of deceased Feb. (Month) 3 (Day) 1877 (Year)

8. AGE: Years 65 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Franklin
13. Birthplace Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Witt
15. Birthplace Franklin Co. (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Mrs. Bond Ragsdal
(b) Address Crystal City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 -21- 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 4-20-42 (Date received local registrar) (b) O. F. Poeusse (Registrar's signature)

1110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1942 hour 10 minute 45 P.M.

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

Immediate cause of death Crushed Skull

Due to Auto Accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

170 C 6
2

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~ (specify) Accident
(b) Date of occurrence Apr 18 07 1942
(c) Where did injury occur? Perryville (City or town) Perry (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place
(Specify type of place)
While at work? No (e) Means of injury 3

23. Signature W. E. Urban Coroner (M. D. or other)
Address Perryville Date signed 4-19-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 194

ED

District Health Officer No. 4

District File Number 542-616

Date Filed 5-14-42

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.