

FILED JAN 11 1945
Registration District No. 5

Primary Registration District No. 5149 5150

12
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Caldwell

(b) City or town Hamilton Twp
(If outside city or town limits, write "RURAL" and name of township)

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

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

3. (a) PRINT FULL NAME Charles Wesley Franklin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 9 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Hiram Franklin

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

14. Maiden name Mathias

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

16. (a) Informant Virgil Franklin

(b) Address 948 State Kans. City Kans.

17. (a) Removal (b) Date thereof 1-1-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillipsburg Mo.

18. (a) Signature of funeral director Cade Brant Remondt

(b) Address 1416 Niagara, Kans. City, Kans.

19. (a) Dec 31 1942 (b) Flora B Painter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Hamilton Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. 7. D #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1942 hour 1:20 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 11 1941 to Dec. 30 1942
that I last saw him alive on Dec. 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 36hrs.

Due to Arterial Sclerosis 15yrs.

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: 83a
Of operations _____

Of autopsy _____

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 _____

23. Signature J. H. Pearson (M. D. or other) D.O.
Address Hamilton, Mo. Date signed Dec 31

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 Orville H. Beckwith

Licensed Embalmer No. 2937

P. O. Address Kansas City, Kansas

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.