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FILED JAN 19 1942 -381

Registration District No. Primary Registration District No. 6-27-178

Registrar's No.

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

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00

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Crowning Rural Duncan 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 years, months or days) 8 1/2 years

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Crowning Rural Duncan Twp
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James King Franklin

3. (b) If veteran, name war _____ No. no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 25 day 25
year 1942 hour 9 minute 00 P. M.

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

6. (b) Name of husband or wife Louyann Franklin 6. (c) Age of husband or wife if alive Deaf years

7. Birth date of deceased April 20, 1844
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 22 1942 to Dec 25 1942
that I last saw him alive on Dec 25 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>98</u>	<u>8</u>	<u>5</u>	hr. min.

Immediate cause of death Stute pneumonia ✓

Duration 6 hr

9. Birthplace Perryville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

Due to _____

Due to _____

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

11. Industry or business _____

12. Name John Franklin

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

14. Maiden name Mandy Gray

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Gergann Held

(b) Address Perryville Ky

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1942
(Month) (Day) (Year)

(c) Place: burial Deep Springs Cem. Co.

18. (a) Signature of funeral director Schoepfer

(b) Address W. Frank D. Green

19. (a) Jan 7-43 (b) Mrs. G. D. Green
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature J. R. M. ... (M. D. or other) _____

Address Perryville Mo Date signed 1/4/42

1140

RECEIVED

District Health Officer No. 10

District File Number 1-43-60

Date Filed Jan-11-1943

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 Frank D. Schwen

Licensed Embalmer No. 2916

P.O. Address Milan, W.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42221

Registration District No. 381

Primary Registration District No. 6178

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James King Franklin

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased April (Month) (Day) (Year)

8. AGE: Years 98 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

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

Immediate cause of death State Pneumonia Duration _____
Bronchial pneumonia 2 hrs

Due to _____

Due to _____

Other conditions... Senility
(include pregnancy within 3 months of death)

Major findings:
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)

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

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

23. Signature J.P. Martin (M. D. or other) _____

Address Browning, Mo Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

