

FILED APR 14 1943  
Registration District No. 297

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

1. PLACE OF DEATH

(a) County Ray  
(b) City or town Richmond Twp. R.R.  
(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 all her life years, months or days

3. (a) PRINT FULL NAME Mary Ruth Franklin

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Levy Franklin 6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased July 18 - 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
17 8 4 hr. \_\_\_\_\_ min.

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Ralph Snelling  
13. Birthplace Arkensaw (City, town, or county) (State or foreign country)  
14. Maiden name Julia Blaunt  
15. Birthplace Arkensaw (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ralph Snelling  
(b) Address Richmond  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Camden Cem.

18. (a) Signature of funeral director Jno W. Kupschid  
(b) Address Hardin Mt.

19. (a) 3/24 1943 (Date received local registrar) (b) Mrs. Thos W. Shippard (Registrar's signature)

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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22 year 1943 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Burn caused by explosion of coil fan  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 180-1

Major findings: Of operations \_\_\_\_\_  
Of autopsy n.p.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident A.P.  
(b) Date of occurrence March 23, 1943  
(c) Where did injury occur? Richmond Ray (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. J. F. Baber (M. D. or other) \_\_\_\_\_  
Address Richmond Mo Date signed 3/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1200

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-12-43

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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 was not  
embalmed very badly burned, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed John W. Knipochild  
Licensed Embalmer No. 2789  
P. O. Address Hardin 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.