S. No. 2
DM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32079

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Wyatt
(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 1 (Specify whether
In this community 9yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss. 67

(c) City or town Wyatt 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Peotry Lee Franklin

3. (b) If veteran, name war ----

3. (c) Social Security No. -----

4. Sex F 3

5. Color or race Colored 0

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 14th (Day) 1931 (Year)

8. AGE: Years 12 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Blytheville (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Schoolgirl

11. Industry or business

FATHER
12. Name Fred Franklin
13. Birthplace Little Rock (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Beatrice Percell
15. Birthplace Newport (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Fred Franklin
(b) Address Wyatt, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston, Mo.

18. (a) Signature of funeral director [signature]
(b) Address Charleston Mo.

19. (a) 6/1/44 (Date received local registrar) (b) Mrs Lon Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1944 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from April 1, 1944, to April 25, 1944 that I last saw her alive on April 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 P 1

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 T. P. Fenton, D.D. (M.D. or other)

Address Wyatt Mo. Date signed 4-28-44

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 644-851
Date Filed 6-14-44

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 John T. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.