

FILED JUL 15 1946

Registration District No. 28

Primary Registration District No. 5466

Registrar's No. 526

1. PLACE OF DEATH:

(a) County Greene Co.
(b) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk, Mo.
(c) City or town Aldrich
(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 Sarah E. Franklin

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W.M. H. Franklin 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sept. 17, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 2 If less than one day
hr. min.

9. Birthplace Iowa Territory 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name (Mort) Ryan
13. Birthplace UNK. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Delilah (Unknown)
15. Birthplace UNK. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William B. Handley

(b) Address 1275 Stillwell, Wichita, Kan.

17. (a) Burial (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Notched Camp grounds

18. (a) Signature of funeral director Wm. H. Handley

(b) Address W Walnut Ave. No.

19. (a) 6-17-46 (b) W B Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 1st
1943 to June 16, 1946
that I last saw her alive on June 15th, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Senility
Duration Yrs

Due to _____

Due to _____

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

Major findings: Of operations 93d
Of autopsy _____
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) (e) Means of injury _____

23. Signature W B Handley (M. D. or other) DO.

Address Fair Bluff Mo. Date signed 6/16/46

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

~~RECEIVED
Greene County Health Office,
Greene County
County File Number 7-112-46
Date Filed 7-1-88~~

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 Warren D. Noblett
Licensed Embalmer No. 4005
P. O. Address Cash Grove 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.

X