

FILED DEC 19 1946
Registration District No. 177

State File No. _____
Registrar's No. **5050**

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3930 East 12th. Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 Months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3930 East 12th. St. Terrace
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

48
3
8

3. (a) PRINT FULL NAME Sarah Mildred Franklin (Minnie)
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 29th.
year 1946 hour 10 minute 30 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eddie Earl Franklin
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 13 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on Nov. 27
1946, to 19,
that I last saw her alive on Nov. 27, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 8 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death _____
A.V. Heart Block 15 yrs.
Due to Coronary Artery Disease 10 yrs.
Due to Hypertensive Heart Disease 12 yrs.
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
15 yrs.
10 yrs.
12 yrs.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James T. Coleman

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

14. Maiden name Martha Bennett

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

16. (a) Informant Mr. Eddie Earl Franklin

(b) Address 3930 East 12th. St. Terrace

17. (a) Burial (b) Date thereof 12-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-2-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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)

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

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

23. Signature Leo M. Muller (M. D. or other) m.d.

Address 3548 Sedgwick Date signed Nov. 30-46

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: Dean Owens

Licensed Embalmer No. 4286

P. O. Address 918 Brooklyn, K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.