S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17922

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 609 HARRISON
(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)
In this community 2 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5843 EST. 11 TH
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SUE ANN FRANKLIN

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

4. Sex F
5. Color or race W
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 DEC (Month) 27 (Day) 1946 (Year)

8. AGE: Years NO Months 5 Days 4 If less than one day hr. min.

9. Birthplace LEBANON (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name RICHARD FRANKLIN
13. Birthplace CAMDEN CO (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name BETTY JENE DAVIS
15. Birthplace LEBANON (City, town, or county) MO. (State or foreign country)
16. (a) Informant Richard Franklin
(b) Address Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) 6-7-1947 (Date received local Registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1 year 1947 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from 6-1-47, 19..., to 6-1-47, 19...; that I last saw him alive on 6-1-47 2:45 P.M. 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ATELECTASIS — Duration 1 hr
CARDIAC DECOMPENSATION
Due to
Due to
Other conditions (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)
(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 O. L. Bohrer (M. D. or other) D.O.
Address Lebanon, Mo. Date signed 6-7-47

(Licensed Embalmer's Statement on Reverse Side)

Received 6/10/47
Laclede County Health Unit
File No. 6/47-102
Date Filed 6/10/47

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 D. A. Palmer

Licensed Embalmer No. 1167

P. O. Address Lebanon 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.