

No. 2
5-43
5-17-39
X38671

FILED AUG 26 1947 49

Registration District No. 149 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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: MRS. OMA FRANKLIN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Orva T. Franklin

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. 1, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>8</u>	<u>12</u>	hr. min.

9. Birthplace Camden County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business HOUSEWIFE

MOTHER FATHER {

12. Name Oliver Hammers

13. Birthplace Camden County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Brown

15. Birthplace Camden County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Orva T. Franklin

(b) Address Sleeper, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-14-47
(Month) (Day) (Year)

(c) Place: burial or cremation Stoutland, Mo.

18. (a) Signature of funeral director Geo. C. Carson Funeral

(b) Address Independence, Mo. Home

19. (a) 8-14-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 1 - 1947 to Aug 13 1947
that I last saw her alive on Aug 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Intestinal Obstruction
Adhesions
Hysterectomy for fibroid uterus 12-46

Due to _____

Due to _____

Other conditions fibroid uterus 12-46
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 1228

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)

23. Signature C. D. Cumber (M. D. or not) _____
Address 636 W. 1st St. Date signed 8/13/47

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

AUG 29 1947

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..... *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.