No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30965

Primary Registration District No. ~~2000~~ 5467

Registrar's No. 712 B

1. PLACE OF DEATH:

(a) County Greene Rural

(b) City or town Springfield Robberson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. # 5 2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1230 N. Prospect 6
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1.

If yes, name country .....

3. (a) PRINT FULL NAME George Cornelius Franklin.

3. (b) If veteran, name war None

3. (c) Social Security 548-28-8673

4. Sex Male d

5. Color or race White

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

6. (b) Name of husband or wife Harriett Franklin

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December 22, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	18	..... hr. ..... min.

9. Birthplace Cambridge (City, town, or county) Mass. (State or foreign country) 1

10. Usual occupation Retired City Employee.

11. Industry or business Laborer

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Harriett Franklin.
(b) Address 1230 N. Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bass Chapel Cem.

18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 8-12-47 (Date received local registrar) (b) W E Handley WD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 th
year 1947 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Unattended day, 19 to physician, 19 ;
that I last saw h..... alive on ....., 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably coronary	
Due to Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94P	
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 8

23. Signature W E Handley local registrar (M. D. or other)

Address Spgfield Mo Date signed 8/12/47

(Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 04071

P. O. Address Spring Hill

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.