

No. 2  
2-43  
17-39  
X35697

FILED JAN 2 1948

Registration District No. 129

Primary Registration District No. 4258

Registrar's No. 182

1. PLACE OF DEATH

(a) County Knott

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

(c) Name of hospital or institution Rebroun Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether)

In this community 1 Day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Lewis town  
(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 Carl Franks, Jr.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 8 day Eight  
year 1947 hour 4 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 12/8  
1947 to 1/8 1947  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Dec 8 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>5</u> hr. _____ min.

Immediate cause of death Coronary failure Duration 5 hrs.

Due to Premature Birth

Due to \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

Other conditions 159  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Carl Leon Franks

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

14. Maiden name Edna B. Mc Cade

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

16. (a) Informant Mrs. Roy Franks

(b) Address Lewis town Mo

17. (a) Burial (b) Date thereof 12/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewis town Mo

18. (a) Signature of funeral director L. Russell Cook

(b) Address Lewis town Mo

19. (a) Dec 9 47 (b) 157  
(Date received local registrar) (Registrar's signature)

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 C. C. [Signature] (M. D. or other) \_\_\_\_\_  
Address Edina Mo Date signed 1/9 47

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

RECEIVED  
District Health Officer No. 10  
District File number 22-47-1846  
Date Filed DEC 31 1947

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**