No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28865

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 232

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

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 202 Frederick Apts. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 33 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2 (If outside city or town limits, write "RURAL")
(d) Street No.: 202 Frederick Apts. (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MARY FRANCES FRANKLIN

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

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

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

7. Birth date of deceased: 11 (Month) - 12 (Day) - 1862 (Year)

8. AGE: Years 85 | Months 9 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

FATHER
12. Name: Joseph Franklin
13. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name: Jane A. Ryall
15. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: Miss Alice Franklin
(b) Address: Frederick Apts., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery Kirkwood, Mo.

18. (a) Signature of funeral director: Purser Funeral Service
(b) Address: Columbia, Mo.

19. (a) 9-6-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 year 1948 hour 9 15 minute P M.

21. I hereby certify that I attended the deceased from Sept 2, 1948 to Sept 4, 1948 that I last saw her alive on Sept 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 hrs
Due to: arteriosclerosis & hypertension	10 yr
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings: Of operations: no o/p 94A

Of autopsy: no autopsy

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury .....

23. Signature: A W Kamp[illegible] (M. D. or other) 9-5-48
Address: Columbia, Mo Date signed: 9-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) 0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 14 1948

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 W. D. Whitcomb

Licensed Embalmer No. 3893

P. O. Address Calais Me

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.