

No. 2  
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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35654

FILED DEC 6 1948

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1275

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
417 North 9th, St. 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1301 Dewey, Ave. 7  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lilley Franklin

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1948 hour 5 minute P. M.

4. Sex Female 3

5. Color or race colored

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased: September 12 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 24th 48 19... to 19...;

that I last saw him alive on \_\_\_\_\_, 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

8. AGE: Years 60 Months 2 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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

9. Birthplace Danville, Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Domestic

12. Name Unk Unk

13. Birthplace Unk Unk 9  
(City, town, or county) (State or foreign country)

14. Maiden name Bell Green

15. Birthplace Unk Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tera Matthews

(b) Address Atchison, Kansas

17. (a) Burial (b) Date thereof 11-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director St. Joseph, Missouri

(b) Address \_\_\_\_\_

19. (a) 12-1-48 (b) B. W. Jenkins  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

18. (a) Signature of funeral director St. Joseph, Missouri

(b) Address \_\_\_\_\_

23. Signature B. W. Tadlock (M. D. or other) Coroner

Address YING HILL BLDG. Date signed 12-48

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

MOTHER FATHER

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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.....

George A. Kerby

, Registered Apprentice No. 264

working under my personal supervision.

Signed

*John Roy Stawley*

Licensed Embalmer No. 2435

P. O. Address St. Joseph

**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.**