

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12024

State File No.

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

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5450 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Gentry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Miller</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Miller</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>South east of Albany</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James Smith Franklin</u> b. (Middle) _____ c. (Last) <u>Venable</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 13, 1873</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (State or foreign country) <u>Polk Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Wagner Venable</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Tinton</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Hill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. S. F. Venable</u>		ADDRESS <u>Mo.</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>48</u> , to <u>Apr</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19 <u>49</u> , and that death occurred at <u>4:40 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Grun</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>New Hampton Mo</u>	
23c. DATE SIGNED <u>4-21-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/21/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jones Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 22-49</u>		REGISTRAR'S SIGNATURE <u>Howard W. Watson</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Burke</u>		ADDRESS <u>Albany Mo</u>	

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clifford Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.