No. 300
10.48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13526

State File No.

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 90

1970
5

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN Rural Marshall Twp
c. LENGTH OF STAY (In this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saline County Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Marshall Township
d. STREET ADDRESS (If rural, give location) Rural County Home

0970

3. NAME OF DECEASED (Type or Print)
a. (First) HENRY b. (Middle) Franklin c. (Last)

4. DATE OF DEATH (Month) April (Day) 27 (Year) 50

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH 1867
9. AGE (In years last birthday) 83 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin Franklin
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME County Home Records
ADDRESS Marshall Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Pertussis — Sudden death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4202

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/27, 1950 *to* 4/27, 1950, *that I last saw the deceased alive on* 4/27, 1950 *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS Marshall Mo
23c. DATE SIGNED 4/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-29-50
24c. NAME OF CEMETERY OR CREMATORY County Home
24d. LOCATION (City, town, or county) (State) R.R. Marshall Mo

DATE REC'D BY LOCAL REG. April 29-1950
REGISTRAR'S SIGNATURE Sidney T. Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE Green & Sons
ADDRESS Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 1
District Health Officer No. 8,
District File Number
Date Filed 5/4/50

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
, Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed George Green
Licensed Embalmer No. 4220
P. O. Address Marshall, 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.