

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33511

State File No. ....

4334

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>1 Month</b>	c. CITY OR TOWN <b>Kansas City</b>	8150
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>123 South 15th. Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joel</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Franklin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 12 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 29, 1882</b>	9. AGE (In years last birthday) <b>68-4-13</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Business</b>	11. BIRTHPLACE (State or foreign country) <b>Caldwell Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lucas Franklin</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Belknap</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Katherine Franklin</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>510-01-6141</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Katherine Franklin</b>	ADDRESS <b>123 So. 15th K.C.K.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cardiac dilatation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bilateral Pyonephrosi</b> DUE TO (c) <b>Prostatic gland Hyperplasia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>610K</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Pat Holweg, to Pat Holweg, 19 50, that I last saw the deceased alive on Oct. 12, 19 50, and that death occurred at 11:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Jack H. Hill MD</b>	23b. ADDRESS <b>3001 Wyandotte St. Kansas City, Missouri</b>	23c. DATE SIGNED <b>Oct. 13/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct. 14, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Welda, Kansas</b>	24d. LOCATION (City, town, or county) (State) <b>Welda Kansas</b>
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DATE REC'D BY LOCAL REG. <b>10-13-50</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. A. Butler's Sons</b>	ADDRESS <b>Kansas City 2, Kansas</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

**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.