

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9698
Do not use this space.

1. ~~REC'D APR 1938~~ **RECEIVED APR 1938**
 (a) County Jackson Registration District No. 399
 (b) Township Franklin Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. K C Gen Hosp Registered No. 1163
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 1 6 2
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lena Cunningham Franklin
 (a) Residence, No. 2619 E 27th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
 4. COLOR OR RACE W.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter B. Franklin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
44 6 4
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
 13. NAME Jace Cunningham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
 15. MAIDEN NAME Aime Brodley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Deirda Clark K C Gen Hosp K C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE First Hill DATE Mar 14, 38

19. FUNERAL DIRECTOR (ADDRESS) Wm. Neumann Sons H. C. Miller

20. FILED Mon 14 38 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1938
 22. I HEREBY CERTIFY, That I attended deceased from 3-2 1938, to 3-11 1938
 I last saw her alive on 3-11 1938 Death is said to have occurred on the date stated above, at 11:00 am
 The principal cause of death and related causes of importance were as follows:

Acute Peritonitis
Gangrenous Pyelitis
 Date of onset 13/4
 Other contributory causes of importance: kidney stone

Name of operation Nephrolithiasis Date of Ante post
 What test confirmed diagnosis Ante post Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) D. F. De Maria, M. D.
 (Address) 5th K C Gen Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)