

REC'D JUL 25 1938

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

22721

Do not use this space.

## 1. PLACE OF DEATH

(a) County Palls Registration District No. 725  
(b) Township Day Primary Registration District No. 5961  
(c) City Paris (d) Street No. Gravel Road - R. F. D. #4 - Hannibal  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. Mo

## 2. PRINT FULL NAME

Harry Joseph Franklin Registered No. 1055  
(a) Residence, No. Palls Co. Mo. St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Nora Maud Hughes Franklin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 - 1878  
7. AGE YEARS 59 MONTHS 2 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Augusta Iowa

FATHER 13. NAME Abraham Franklin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Rachel Adams  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.

17. INFORMANT (ADDRESS) Nora Franklin  
R. F. D. #4 - Hannibal Mo.18. BURIAL, CREMATION, OR REMOVAL Greenwood Cemetery DATE June 4, 193819. FUNERAL DIRECTOR (ADDRESS) Wm. Roy L. Adams  
Hannibal Mo.20. FILED July 1, 1938 Marvin Clark Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 - 1938

22. I HEREBY CERTIFY That I attended deceased from June 1, 1938 to June 1, 1938  
Last seen alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:45:17

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis  
9413-  
Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. R. Adams M. D.  
(Address) Hannibal Mo.

STATEMENT BY LICENSED EMBALMER

I, Ray P. Schwartz, Licensed Embalmer No. 1765  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ray P. Schwartz  
..... L. E. ....  
No. 1765 or by ....., Registered Apprentice No. ....  
working under my personal supervision.  
Signed Ray P. Schwartz  
Licensed Embalmer No. 1765

**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.)**