

REC'D APR 17 1939

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

9787

Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Kear Primary Registration District No. 1092 Registered No. 1393  
(c) City K. C. Mo. (d) Street No. General Hospital #2 St. St.  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME. 65? Ophelia Franklin  
(a) Residence, No. 21205 Prospect St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Franklin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1880  
7. AGE YEARS 58 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min.

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress  
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)
- Louisiana

- FATHER 13. NAME Wm Johnson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm

- MOTHER 15. MAIDEN NAME Annie Wm  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm

17. INFORMANT (ADDRESS)
- Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE
- Highland
- DATE
- 4/1/39

19. FUNERAL DIRECTOR (ADDRESS)
- Hocking Bros 1729 Lydia

20. FILED
- Apr 1 1939
- Dr. M. Crowe
- Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
- 3-30
- 19
- 39

22. I HEREBY CERTIFY, That I attended deceased from
- 3-17
- , 19
- 39
- , to
- 3-30
- , 19
- 39

I last saw her alive on 3-30, 1939 Death is saidto have occurred on the date stated above, at 7:00 a.m.

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

Hypertensive Type of Heart Disease  
131

Date of onset

Other contributory causes of importance:

Hypertension  
Chronic Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. 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) B. O. Turner, M. D.(Address) General Hospital #2

STATEMENT BY LICENSED EMBALMER

I, T. B. Watkins, Licensed Embalmer No. 2889

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

L. E.

No. \_\_\_\_\_ or by Robert Adams, Registered Apprentice No. 178

working under my personal supervision.

Signed T. B. Watkins

Licensed Embalmer No. 2889

**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.)**