

REC'D JUL 10 1939

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

21201  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399  
 (b) Township Kaw / Primary Registration District No. 1002  
 (c) City Kansas City / (d) Street No. St. Mary's Hospital Registered No. 2469  
 (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

6582 Franken, Miss Viola Barbara Franken  
 (a) Residence, No. Norborne, Missouri St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1896

7. AGE YEARS 43 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Norborne, Missouri  
 (STATE OR COUNTRY)

FATHER 13. NAME Henry H. Franken 0

14. BIRTHPLACE (CITY OR TOWN) Germany 6  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sybilla Koenig 1

16. BIRTHPLACE (CITY OR TOWN) Wisconsin  
 (STATE OR COUNTRY)

17. INFORMANT W. A. Franken  
 (ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Booneville, Mo. DATE June 19, 1939

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN CO.  
 (ADDRESS) Kansas City, Mo.

20. FILED June 18, 39 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to June 17, 1939  
 I first saw her alive on June 7, 1939. Death is said to have occurred on the date stated above, at m.  
 The principal cause of death and related causes of importance were as follows:

Suppurative parotitis following hysterectomy for fibroid of uterus non-malignant

Other contributory causes of importance:  
Arterio-sclerosis (a. i. v.)  
Pneumonia

Name of operation Hysterectomy Date of June 14, 1939  
 What test confirmed diagnosis? Record Was there an autopsy? no

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) E. L. S. Miller, M. D.  
 (Address) 1032 Pegasus

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**