

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 1083

1. PLACE OF DEATH:

(a) County _____
 (b) City or town STHOWIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2728 DICKSON ST
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 36 YEARS (Specify whether
 years, months or days) _____

3. (a) PRINT FULL NAME GEORGE FRANKLIN8. (b) If veteran,
name war NO8. (c) Social Security
No. 499-01-5804. Sex MALE 5. Color or
race COLORED 6. (a) Single, widowed, married,
divorced MARRIED6. (b) Name of husband or wife
MAGGIE FRANKLIN 6. (c) Age of husband or wife if
alive 32 years7. Birth date of deceased October 19 1904
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
35 3 11 hr. min.9. Birthplace STHOWIS MO
(City, town, or county) (State or foreign country)10. Usual occupation LABOR

11. Industry or business _____

12. Name GEORGE FRANKLIN13. Birthplace STHOWIS MO
(City, town, or county) (State or foreign country)14. Maiden name SARIE COLLINS15. Birthplace STHOWIS MO
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Maggie Franklin(b) Address 2728 Dickson St.17. (a) BURIAL (b) Date thereof 2-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST PETERS-CEM.18. (a) Signature of funeral director A. W. Roberts(b) Address 3035 Lucas Ave19. (a) FEB 2 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town STHOWIS 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2728 DICKSON ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1940 hour 1 minute 2 M.21. I hereby certify that I attended the deceased from Jan 10
1940 to Jan 31, 1940
that I last saw him alive on Jan. 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Duration

1 week

Due to

subacute glomerulonephritis 2 mos.
cause unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(a) Means of Injury _____

23. Signature M. T. Mueller (M. D. or other) _____
Address 2335 Franklin Date signed 2-1-40

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 Arthur L. Holliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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.