

No. 2
1-10-39
17-39
X21497

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25192**

FILED AUG 9 1940
Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **584**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
850 S. Robinson 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **2 1/2 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **ANDROSE FRANKLIN**

3. (b) If veteran, name war **70** 3. (c) Social Security No. **None**

4. Sex **MA** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Elsie Franklin** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Dec 3 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **11** If less than one day hr. min.

9. Birthplace **Unknown Miss. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

MOTHER FATHER
12. Name **Saron Franklin 9**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sylvia Wagner**
(b) Address **E. Pine St.**

17. (a) **Burial** (b) Date thereof **7-18-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **H. J. Smith**
(b) Address **712 W. Jefferson Springfield**

19. (a) **July 17, 1940** (b) **W. E. Handally**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **850 S. Robinson**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**
year **1940** hour **12** minute **05** A. M.

21. I hereby certify that I attended the deceased from **July 10 1940**
to **July 14 1940**
that I last saw him alive on **July 10** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Indigestion**

Due to **Food poisoning**
cause unknown

Due to _____
Other conditions (Include pregnancy within 3 months of death) **177**

Major findings: Of operations **177**
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) **no**
(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? **no**

(Specify type of place)
(a) Signature **James B. Clark** (M. D. or other) **984**
(b) Address **Box 2 Demos**
(c) Means of injury _____
Date signed _____

1940
~~65~~
1875

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.....

H. V. Smith....., Registered Apprentice No.
working under my personal supervision.

Signed..... 3524

Licensed Embalmer No. H. V. Smith

P. O. Address 702 St. Jefferson

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.