S.-No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8479

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada 11th Ave.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp # 3 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 108

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 619 W. 12th St. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Elvira Franklin

3. (b) If veteran, name war /

3. (c) Social Security No. None

4. Sex F

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alexander Franklin

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased DK (Month) DK (Day) 1861 (Year)

8. AGE: Years 79 Months DK Days DK If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Crowdis
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elvira Thomas Crowdis
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Hosp Recd.
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Milford, Mo.

18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada Mo

19. (a) 2-2-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1941 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from July 2, 1940, to Feb 2, 1941;
that I last saw her alive on Feb. 1, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Chr myocarditis	
Due to Generalized arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92 H

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm. J. Cremer (M. D. ~~or other~~) 0
Address Nevada Date signed 2/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-442
Date Filed 3-6-41

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada Mo.

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.