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FILED MAY 10 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH ✓

State File No. _____

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede 33
(c) City or town Rural R# 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1941 hour 10 minute PM
21. I hereby certify that I attended the deceased from
Mar 29, 1941 to April 4, 1941
that I last saw him alive on April 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Compound Fracture Left ankle with gangrene.

Due to _____
Due to _____

Other conditions Fracture Left Clavicle
Undetermined Internal Injuries

Major findings:
Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Auto accident.
(b) Date of occurrence 3-29-41 033
(c) Where did injury occur? Lebanon, Laclede mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Car went in ditch + turned over.
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Paul J. Jones M.D.
Address Lebanon mo Date signed 4/7/41

3. (a) PRINT FULL NAME Hester Aslee Franklin

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Dec 22 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 3 12 hr. _____ min.

9. Birthplace Laclede Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Factory Worker

11. Industry or business _____

12. Name John M Franklin

13. Birthplace Dallas Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Phillips

15. Birthplace Dallas Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant John M Franklin

(b) Address Lebanon, mo R# 3

17. (a) burial (b) Date thereof April 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewery Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon, mo

19. (a) 4-10-41 (b) J. M. Covert
(Date received local registrar) (Registrar's signature)

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

3
1
2

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 5-41-826

Date Filed 5-9-41

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.....

Dorsey M. Howe....., Registered Apprentice No. 256
working under my personal supervision.

Signed W. E. Holman.....

Licensed Embalmer No. 4107.....

P. O. Address Lebanon, 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, fact should be so stated above.