

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27488
Registrar's No. 3146

FILED SEP 12 1941
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3146

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 hrs
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 Argentine Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME JUDITH ANN FRANKLIN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 20
year 1941 hour 12 minute 45 AM.
21. I hereby certify that I attended the deceased from Aug 19
1941, 1941 to Aug 20, 1941
that I last saw him alive on Aug 26, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 19 1941
(Month) (Day) (Year)

Immediate cause of death Placental previa
Cerebral edema
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1600

8. AGE: Years Months Days If less than one day
0 0 0 5 hr. 25 min.
9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation none

Major findings: placental previa
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name Paul Franklin
13. Birthplace Buffalo Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Betty Harrison
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Paul Franklin
(b) Address 1302 Argentine Blvd, L. P. Kans.
17. (a) Burial (b) Date thereof 8/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Mo.
19. (a) 8/20/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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) (Specify type of injury)
23. Signature J. H. Miller (M. D. or _____)
Address 1103 Grand Date signed 8/24/41

WHILE FILING—USE UNFADING BLACK INK—MAKE 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.

1 X1951

Mr. Webster
Pres. Body

A. E. D. 21
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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 James Scott Luckshon
Licensed Embalmer No. 4092
P. O. Address Wasson City, Kansas

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.