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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31726

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 241

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 221 So. Arkew 4
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City Missouri 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME James Lee Franklin

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept (Month) 9 (Day) 1941 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	3	..... hr. ..... min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Ivan L. Franklin
13. Birthplace Montreal Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nadine Arnhold
15. Birthplace Clarmix Springs Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ivan L. Franklin
(b) Address 221 So Arkew K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 41 (Month) (Day) (Year)
(c) Place: burial or cremation Camdenton Mo

18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence Mo

19. (a) Sept 12/41 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 12
year 1941 hour 8:20 minute A.M.

21. I hereby certify that I attended the deceased from Sept 9 1941 to Sept 12 1941;
that I last saw him alive on Sept 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth premature

Due to Delivery at 7 Months Gestation

Due to Unknown

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy ✓

Duration

159

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 C. S. Gillmore M.D. (M.D. or other)
Address 10307 Indep. Ave, K.C. Mo Date signed 9-12-41

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Roland Speaks

Licensed Embalmer No. 3604

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.