

Anderson **DEC 11 1941**
Registration District No. **821**

Primary Registration District No. **4553**

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Bobbie Jean Franks
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W 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 2 13 1933
(Month) (Day) (Year)

8. AGE: Years 8 Months 9 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Calvin Franks
13. Birthplace Fulton Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Lola May Christain
15. Birthplace Fulton Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Calvin Fulton
(b) Address Matthews Mo. R.F.D.

17. (a) Burial (b) Date thereof 11/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Hunter Albritton
(b) Address Sikeston Mo.

19. (a) 12-1-41 (b) H.B. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid **072**
(c) City or town (Rural) **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles SO. West of Matthews MMO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1941 hour 6 minute _____ P.M.
21. I hereby certify that I attended the deceased from 11-18 1941 to 11-18 1941
that I last saw him alive on 11-18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured viscous (bladder) with hernia stage on abdomen 2 1/2 inches
Due to wagon wheel going over body
Due to _____

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

Major findings: Of operations no **1718**
Of autopsy no **32**
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) Accident
(b) Date of occurrence 11-18-41 **072**
(c) Where did injury occur? Matthews New Madrid mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm (Specify type of place)
While at work? yes (e) Means of injury wagon wheel high over abdomen

23. Signature H.B. Anderson (M.D. or other) _____
Address Sikeston mo Date signed 11-19-41

5/1-3-11

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 Hunter Allerton
Licensed Embalmer No. 4210
P. O. Address S. Weston M

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.