

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 16 1942

Registration District No. 361

Primary Registration District No. 5280

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Calaveras

(b) City or town Liberty

(c) Name of hospital or institution: Odd Fellows Home

(d) Length of stay: In hospital or institution

In this community nine years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Calaveras

(c) City or town Liberty

(d) Street No. 100 F. Home

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Richard Franklin

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1942 hour 11:30 minute :30 P.M.

21. I hereby certify that I attended the deceased from Mar 8 1942 to April 22 1942

4. Sex Male 5. Color or race W

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

(b) Name of husband or wife Santha Franklin

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

7. Birth date of deceased Aug 15 1863

that I last saw him alive on April 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>7</u>	hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

9. Birthplace Mexico

10. Usual occupation Retired

11. Industry or business I.O.O.F. Home

12. Name Jesse Franklin

13. Birthplace Unknown Va.

14. Maiden name Louise May

15. Birthplace Unknown Va.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Paul Rogers

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof 4 25 1942

(c) Place: burial or cremation I.O.O.F. Home Liberty

18. (a) Signature of funeral director Stanley

(b) Address Liberty Mo

19. (a) 4-25-42 (b) Helen Early

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature Burton Walker (M. D. or other M.D.)

Address Liberty Mo Date signed 4/24/42

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 5-15-42

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

*P. J. Gardner Jr*

Licensed Embalmer No. 3934

P. O. Address

*Liberty, 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.