V. S. No. 2
DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9532

State File No.

Registration District No. 38 Primary Registration District No. 3006 S-P20 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 48

(c) City or town Kansas City Missouri 3 (If outside city or town limits, write "RURAL")

(d) Street No. 4415 East 24th Street 8 (If rural, give location)

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

If yes, name country — 1

3. (a) PRINT FULL NAME ARTHUR FRANKS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ married 1

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 8 (Day) 1881 (Year)

8. AGE: Years 61 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Meat cutter and Cook

11. Industry or business

FATHER
12. Name William O. Franks
13. Birthplace (City, town, or county) S. Carolina (State or foreign country)

MOTHER
14. Maiden name Abigail Yarbour
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Mrs. Clara Franks (wife)

(b) Address 4415 E. 24th St. Kansas City Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 3 (Month) 10 (Day) 43 (Year)

(c) Place: burial or cremation Carthage Mo

18. (a) Signature of funeral director Parkins F. Denise

(b) Address Columbia Mo

19. (a) 3-10-1943 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1943 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 8, 1943, to March 10, 1943, that I last saw him alive on March 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Melanocarcinoma of skin with metastases to lymph nodes, liver, lungs, heart, liver, pancreas, spleen, thyroid and adrenals	4 yrs
Due to	
Due	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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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 J Vackerman O (M. D. or other) M.D.

Address 3/10/43 Columbia Mo Date signed 3/10/43

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(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.....

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

working under my personal supervision.

Signed W. D. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.