

FILED JUL 12 1943

Registration District No. 137

Primary Registration District No. 5588

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarsophi, Rural
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Sarsophi, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jona Middleton Franklin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color W race W 6. (a) Single Widowed, married, divorced
6. (b) Name of husband or wife Ernest 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased March 5 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Mitchell

(b) Address Sarsophi, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery
18. (a) Signature of funeral director Robert C Engle
(b) Address Sarsophi, Mo

19. (a) 6/12/43 (Date received local registrar) (b) E. Elizabeth Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 6 minute 00 P M.

21. I hereby certify that I attended the deceased from Mar 1941 19____ to June 1943 19____ that I last saw her alive on June 10 1943 19____ and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure - acute dilatation of heart Duration _____

Due to cerebral hemorrhage
Senile debility
Due to chronic nephritis

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

Major findings: Of operations _____ Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Killian (M: D. or other) D.O
Address Sarsophi, Mo Date signed July 11, 1943

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

MOTHER FATHER

48-6-575

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.....

Geo B. Orr

Licensed Embalmer No.....

946

P. O. Address.....

Mt Vernon, 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.