

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

FILED SEP 10 1943
Registration District No. 28

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Spfld. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 525 E. Elm
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leona S. Franklin

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased February 23 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Christian County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name David Simmons

13. Birthplace Unk. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary F. Howard

15. Birthplace Unk. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eleanor Gault

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof Aug. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-28-43 (b) R. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 27
year 1943 hour 12 minute 08 P.M.

21. I hereby certify that I attended the deceased from August 19, 1943 to Aug 27, 1943
that I last saw him alive on Aug 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pancreatitis 72 hrs
Acute gangrenous cholecystitis 72 hrs
Due to with cholelithiasis

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

Major findings: above 126
Of operations _____
Of autopsy _____

Duration

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 _____
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) (c) Means of injury _____

23. Signature Robert Glynn (M. D. or other) _____
Address Springfield, Mo. Date signed 8/28/43

SEP 17 1968

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 *L. D. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.