

FILED SEP 9 1943 2

Primary Registration District No. 3021

Registrar's No. 114

1. PLACE OF DEATH:  
(a) County Grundy  
(b) City or town TRENTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1811 Cherry St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 by car years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Grundy  
(c) City or town TRENTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1811 Cherry St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNIE G. FRANKLIN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife T. W. FRANKLIN  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JULY 6, 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 3  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business HOMER

MOTHER FATHER { 12. Name T. W. Henry  
13. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lela Thomas  
15. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. HERRICK  
(b) Address Blue Island, Ill

17. (a) Burial (b) Date thereof Aug. 9, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foot County, Trenton, Mo

18. (a) Signature of funeral director Davis Home  
(b) Address Trenton, Mo

19. (a) 8-9-43 (b) L. D. Roberts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6<sup>th</sup>  
year 1943 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased Jan 10, 1943 to August 6, 1943  
that I last saw him alive on Aug 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ischemic Heart Disease  
& Coronary Arteriosclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Trenton, Mo Date signed 8/14/43

Duration 1 1/2  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

DEC 8 1945

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.....

*Myself*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Raymond A. Davis*

Licensed Embalmer No.....

*3424*

P. O. Address.....

*Denton, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 182 Primary Registration District No. 3021 Registrar's No. 114

1. PLACE OF DEATH:  
(a) County Shrewsbury  
(b) City or town Trenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1811 Chicago St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Minnie G. Franklin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year  
7. Birth date of deceased \_\_\_\_\_ (Month) July (Day) 6 (Year) 1888

8. AGE: Years 63 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1943 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death General  
neuritis  
carcinomatous

Due to \_\_\_\_\_ 270

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ 552  
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 \_\_\_\_\_  
(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 \_\_\_\_\_ (M. D. certifier)  
Address \_\_\_\_\_ Date signed 7/14/43

SUPPLEMENTAL

MOTHER, FATHER

SEE

28316

28316