S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7069

FILED FEB 17 1944

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35

(c) City or town Arbyrd, Mo. 0
(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 0

3. (a) PRINT FULL NAME Jasper F. Franks

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Maudie Franks

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October (Month) 3 (Day) 1886 (Year)

8. AGE: Years 57 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Farm

FATHER
12. Name Jerry Franks
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Maudie Franks
(b) Address Arbyrd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 16 (Day) 1944 (Year)
(c) Place: burial or cremation Silverdale

18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo

19. (a) 1-19-1944 (Date received local registrar) (b) H O Storey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan-14, 1944 to Jan 14, 1944
that I last saw her alive on Jan-14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration Several Years

Due to Was sent home from Mt. Vernon Sanitarium about

Due to 8 months ago as incurable

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Roy E. Speedel (M. D. or other) no.
Address Kennett, Mo. Date signed 1-15-44

1246 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 244-340
Date Filed 2-16-44

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 S. P. Salmon

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.