

FILED MAR 16 1944

Registration District No. 42

Primary Registration District No. 5143

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Poplar Bluff, R. 2.
(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 _____

3. (a) PRINT FULL NAME Arthur Fredrick Franklin

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

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

6. (b) Name of husband or wife Sarah Franklin 6. (c) Age of husband or wife if alive 76 years
Nov, 13, 1876

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Marcellius Franklin
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sarah Franklin
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Feb. 25. 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rombauer, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address exter Mo.

19. (a) 3-2-4-4 (b) Belle Kinsle
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 23
year 1944 hour 8 minute 55P M.

21. I hereby certify that I attended the deceased from 2-15-44 to 2-25-44 1944
that I last saw him alive on 2-25-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to peritonitis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Enlarged prostate
Of operations none
Of autopsy none 1376

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 Wm. Hancock (M. D. or other) _____
Address Poplar Bluff Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
2-43
7-39
X35897

Please hand to Lead
Registrar Bill
18

RECEIVED

District Health Office No.

District File Number 3-4-42

Date Filed 3-14-42

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.....

Embalmed

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

working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.