

FILED MAY 23 1944  
Registration District No. 2

Primary Registration District No. 455

Registrar's No. 85

1. PLACE OF DEATH: **Wright**  
(a) County **Wright**  
(b) City or town **Mountain Grove**  
(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 **10 years** (Specify whether years, months or days)  
In this community **10 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **WRIGHT**  
(c) City or town **MOUNTAIN GROVE**  
(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 **John Everett Franks**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **27**  
year **1944** hour **7** minute **15 P. M.**  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Mrs. and Shirley Franks** 6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **July 16 1903**  
(Month) (Day) (Year)

Immediate cause of death **Accidental gunshot wound in back**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years **40** Months **9** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Several abdominal aorta**

9. Birthplace **Thomasville Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Hardware Merchant**

184  
17  
11  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **Robert Gardin Franks**  
13. Birthplace **Patterson Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nannie Bear**  
15. Birthplace **Tipton Missouri**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Apr 27 1944**  
(c) Where did injury occur? **at home**  
(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? **Yes** (e) Means of injury **Gun shot**

16. (a) Informant **Mrs Shirley Franks**  
(b) Address **Mountain Grove Mo**

23. Signature **J. P. Steffe** (M. D. or other)  
Address **in unsealed box** Date signed **4/27/44**

17. (a) **Burial** (b) Date thereof **4/30/1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hill Crest Cemetery**  
18. (a) Signature of funeral director **J. P. Steffe**  
(b) Address **Mountain Grove Mo**  
19. (a) **5-1-44** (b) **H. M. Lower**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 544-604

Date Filed MAY 22 1944

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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 Berge Staff

Licensed Embalmer No. 3161

P. O. Address M. H. Green 700

**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.**