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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 22 1944  
Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 81

Primary Registration District No. 5653-

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days  
In this community 22 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wright  
(c) City or town Mountain Grove, Missouri  
(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 Jesse Marion Franklin

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 1st  
year 1944 hour 11:30 minute \_\_\_\_\_ A. M.

3. (b) If veteran, name war No 3. (c) Social Security No. 494-18-8012

21. I hereby certify that I attended the deceased from May 10, 1944, to June 1, 1944  
that I last saw him alive on June 1, 1944  
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 Divorced  
(c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: Pulmonary Tuberculosis  
Duration About 1 yr.

6. (b) Name of husband or wife \_\_\_\_\_  
7. Birth date of deceased: July 27 1901  
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 5 if less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Bilat. Ulcerative, fibro-caseous pulm. abs. Perforating Tbc enteritis, The liver, spleen, kidneys, adrenals.

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

10. Usual occupation Farming

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name John Anthony Franklin  
13. Birthplace Wright County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy E. Ferguson  
15. Birthplace Texas County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Mo. State Sanatorium, Mt. Vernon

17. (a) Removal (b) Date thereof 6/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Grove, Mo

18. (a) Signature of funeral director Geo B. Orr  
(b) Address Mt. Vernon, Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

19. (a) 6-12-44 (b) Lucy Orr  
(Date received local registrar) (Registrar's signature)

(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) (e) Means of injury \_\_\_\_\_

23. Signature Y. T. Hayward M. D. or other MD  
Address Mt. Vernon, Mo Date signed 6-1-44

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

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1338

RECEIVED

District Health Officer No. 6

District File Number 1644-734

Date Filed JUN 20 1944

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..... *J. B. Owen*.....

Licensed Embalmer No. *946*.....

P.O. Address..... *Mr. Vernon Mc*.....

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.