

FILED JUN 19 1944
Registration District No. 316

Primary Registration District No. 3059

Registrar's No.

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Bonne Terre Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")

(d) Street No. 410 Jackson ?
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HOMER FRANKLIN

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1944 hour 2 minute P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Velma Franklin 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased June 5 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-10-44 to 6-4-44
that I last saw him alive on 6-4-44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
35 11 29 hr. min.

Immediate cause of death Gastric Hemorrhage

Due to Gastric Ulcer

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Demolition Operator

11. Industry or business St. Joseph Lead Co.

12. Name Edward David Franklin

13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Lucas

15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations -

Of autopsy -

PHYSICIAN None

Underline the cause to which death should be charged statistically.

16. (a) Informant Wallace Franklin

(b) Address Bonne Terre, Mo

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

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Bertram Lind Co.

(b) Address 313 Benham Boulevard

19. (a) 6-7-44 (b) Overholser
(Date received local registrar) (Registrar's signature)

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 Gulletti M D (M. D. or other)
Address Bonne Terre, Mo Date signed 6-5-44

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

44
2
1

MOTHER FATHER

1373

DEC 18 1945

RECEIVED

District Health Officer No. 4
District File Number 644-3968
Date Filed 6-17-44

MISSOURI DEPT. OF HEALTH

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 E. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.