

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29320

State File No.

FILED SEP 18 1944

Primary Registration District No. 1003

Registrar's No. 7814

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

1. PLACE OF DEATH:

(a) County StLouis

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

(c) Name of hospital or institution 4533 Forest Park
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 2 yrs

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clo B Franklin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

(a) Single, widow, divorced, or widowed widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 1874
11 1872

7. Birth date of deceased August 11 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation housework

11. Industry or business Ledroit Prosser

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

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

14. Informant Nita Bristol

(b) Address 4533 Forest Park

17. (a) Removal Removal (b) Date thereof 9-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Howard F Rowland
StLouis, Mo.

(b) Address _____

19. (a) SEP 11 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town StLouis
(If rural, give location) 4533 Forest Park

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1944 hour 7:30 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from 1934 19 _____ to Sept 10 1944
that I last saw him alive on Sept 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute parenchymatous nephritis

Due to Hypertension and chronic myocarditis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Earl L. Lee (M. D. or other) _____
Address 610 Olive Date signed 9-11-44

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

Howard A. Rowland

Licensed Embalmer No. *3114*

P. O. Address

Thomas M. S.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No. 2932
Local Registrar's No. 7814

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of Sept., 1944, before me appears Nita Bristol, who, upon her oath, states that the original record of death for Clo B. Franklin died 9-10-44, 19 , in the State of Missouri, and which was filed at St. Louis, Mo. on 9-11-44, 19 , should be corrected as follows:

Item No. 7 should read Aug. 11, 1874

Instead of Aug. 11, 1872

Item No. 8 should read 70yrs. 0mos. 29days

Instead of 72yrs. 0mos. 29days

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nita Bristol Informant
Relationship.

4533 Forest Park Blvd
Present Address.

Subscribed and sworn to before me this 18 day of Sept, 1944

Earl C. Paddock Notary Public.

My Commission expires My Commission Expires March 4, 1945

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

