

FILED NOV 8 1944

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1300 South Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community about twenty years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles E. Franklin

3. (b) If veteran, name war. none

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Anna Cramer Franklin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 14, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Hiram Franklin

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

14. Maiden name EVERINE O'Banion

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

16. (a) Informant Mrs. Anna Franklin (wife)

(b) Address 1300 S. Grand, Sedalia, Mo.

17. (a) Burial (b) Date thereof 10-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery
EWING FUNERAL HOME

18. (a) Signature of funeral director _____

(b) Address Sedalia, Missouri

19. (a) 10/27/44 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1300 South Grand
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 25
1944 to Oct. 26, 1944;

that I last saw him alive on Oct. 25, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of stomach Duration 4 Days

Due to Medullary Carcinoma of stomach 6 mos.

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Medullary Carcinoma of stomach

22. If death was due to external causes, fill in the following:

(c) 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? _____

(Specify type of place)

While at work? _____ (c) Means of injury 2

23. Signature W. T. Kolden (M.D. or other) D.O.
Address 229 I. G. Spritzer Bldg. Date signed 10/27/44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-7-44

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 *Duane Ewing*

Licensed Embalmer No. *3848*

P. O. Address *Sedalia 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.