

FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40106

State File No. \_\_\_\_\_

4906

Registrar's No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1327 East 9 St  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)  
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town 1327 East 9 St.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kansas City  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Lee Franklin

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife May Franklin 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased April 11 1874  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Crawford County Kas  
(City, town, or county) (State or foreign country)

10. Usual occupation (Blind) candy Salesman

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

12. Name John Franklin  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Josie Gather  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant May Franklin  
(b) Address 1327 East 9 St

17. (a) Burial (b) Date thereof Dec. 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt W shington Cem

18. (a) Signature of funeral director Mrs CL Forster  
(b) Address 918 Brooklyn

19. (a) Dec 5, 1944 (b) J.B. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3  
year 1944 hour 1 minute 56 M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19\_\_\_\_, to 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Senility

Due to gla  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations History of Insufficiency  
Of autopsy \_\_\_\_\_

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

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 J.N. O'Brien (M. D. or other) 12/14/44  
Address 1034 W. 11th St. St. Louis Date signed \_\_\_\_\_

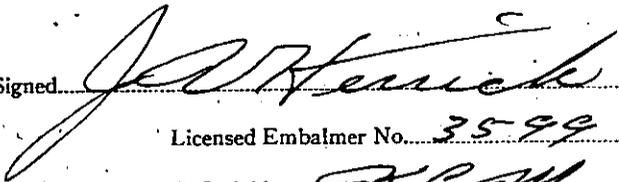
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 .....  
Licensed Embalmer No. 3599.....  
P. O. Address J. W. Henrich.....

**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.**