

FILED - MAR 27 1946  
 128

Primary Registration District No. **2000**

Registrar's No. **242**

1. PLACE OF DEATH:  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. John's Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3-8-46 to 3-10-46**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mandy Franklin**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **UNK.**

4. Sex **Female** 5. Color or race **wh**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Jesse Franklin**  
 6. (c) Age of husband or wife if alive **40** years  
 7. Birth date of deceased **May 15, 1901**  
 (Month) (Day) (Year)

8. AGE: Years **44** Months **9** Days **26**  
 If less than one day hr. min.

9. Birthplace **Camden Co. MO.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER  
 12. Name **John B. Rhoades**  
 13. Birthplace **UNK. Ind.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Emma Jones**  
 15. Birthplace **Camden Co. MO.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Franklin**  
 (b) Address **Montreal, MO Star Route**

17. (a) **Burial & Removal** (b) Date thereof **3-10-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or exhumation **Freedom**

18. (a) Signature of funeral director **Banckau-Wooler**  
 (b) Address **Camden, MO**

19. (a) **3-11-46** (b) **W. H. Handley**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Camden**  
 (c) City or town **Montreal, Camden**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Star Route**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**  
 year **1946** hour **1** minute **05 am** M.

21. I hereby certify that I attended the deceased from **3/8** 19**46** to **3/10** 19**46**  
 that I last saw him alive on **3/9** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hyperthyroidism**  
 Due to

Due to  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: **gout**  
 Of operations  
 Of autopsy

Duration **1 yr**  
 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) Means of injury

23. Signature **J. W. Dwyer** (M. D. or other)  
 Address **Med. Dept. (Bldg.)** Date signed **3/11/46**  
**Sp. H. Co.**

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

9  
2  
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7992

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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 John Bankson Woolery  
Licensed Embalmer No. 2488  
P. O. Address Camdenton, 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.**

X