

FILED MAY 27 1946
Registration District No. _____

Primary Registration District No. 1002

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

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:
2449 Wabash /
(If not in hospital or institution, write street number or location)

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

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 2449 Wabash **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Georgia Franklin

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1946 hour _____ minute 15 P. M.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Isaac R. Franklin

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 28, 1885
(Month) (Day) (Year)

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

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Hypertensive Heart Disease

Due to same as above.

Due to Age - withdrawn

Other conditions 93d
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Duration 3-4

Physician _____

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name George Harrison

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

14. Maiden name Betty Hill

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

Major findings:
Of operations _____

Of autopsy No-Permit.

16. (a) Informant Ray Harrison

(b) Address 1730 Brooklyn

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5/17/46
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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? _____

18. (a) Signature of funeral director Daphne Russ

(b) Address 1724 Lydia

19. (a) 5-17-46 (Date received local registrar)

(b) Sheldine Holmes (Registrar's signature)

While at work? _____ (Specify type of place)

(2) Means of injury Reputy Coroner

23. Signature W. Williams (M. D. or other)

Address 2136 Brooklyn Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

5-15-46

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

Laurence A. Jones

working under my personal supervision.

Registered Apprentice No.

378

Signed

J. Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

2573 Highland

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.