

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22544
Registrar's No. 13

Registration District No. 379 Primary Registration District No. 6885

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain Grove, (Rural)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Mountain Grove Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME THOMAS MARION 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 Widowed
6. (b) Name of husband or wife Kate McCarty
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Sept. 9, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name John William Franklin
13. Birthplace Hickory County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Moody
15. Birthplace Hickory County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Franklin
(b) Address Mountain Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46
(Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Russell Barber
(b) Address Mountain Grove, Mo.

19. (a) 6-14-46 (Date received local registrar)
(b) A.B. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 31 day
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from 5/31
1946 to 5/31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Mixed
insufficiency
Due to
Due to Phen

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 (M. D. or other)
Address Date signed

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

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

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.....

R. W. Barber

Licensed Embalmer No.....

3848

P. O. Address.....

Inty. Home Inc

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.