

S. No. 2
M-8-43
7. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41383**

Registration District No. **212**

Primary Registration District No. **3044**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **MILLER**

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

(c) Name of hospital or institution: **3**
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **MILLER**

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

(d) Street No. **Franklin Township**
(If rural, give location)

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

3. (a) PRINT FULL NAME **William Elmer Franklin**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **7**
year **1946** hour **12 M** minute _____ M.

4. Sex **MALE**

5. Color or race **White**

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

6. (b) Name of husband or wife **DORA OLIVER FRANKLIN**

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

7. Birth date of deceased **Oct. 3 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 1, 1946 to Dec 7, 1946**
that I last saw him alive on **Dec 7, 1946**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
70	2	4	hr, _____ min.

Immediate cause of death **Chronic Nephritis 3 yrs Acute Dilatation of Heart**

Due to _____

Due to _____

9. Birthplace **Mt. Pleasant Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Judge of County Court**

11. Industry or business **FARMER**

12. Name **ANDREW H. FRANKLIN**

13. Birthplace **MISSOURI MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH E. SPADING**

15. Birthplace **MILLER, CO. MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Al. Franklins**

(b) Address **Olean, MO.**

17. (a) Burial (b) Date thereof **12-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Pleasant**

18. (a) Signature of funeral director **Wm. B. Phillips**

(b) Address **Osceola, Mo.**

19. (a) 12-9-46 (b) **W. Barratta Dal**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **13/10**

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 **Walter Leslie** M. D. or other **M.D.**

Address **Prussellville Mo** Date signed **12-7-46**

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

40196

RECEIVED
District Health Officer No. 9,
District File Number 12-16-46
Date Filed

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 Louis D. Phillips
Licensed Embalmer No. 3663
P. O. Address Beaumont

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.