

State File No.

FILED FEB 20 1947

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1426 East Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
 In this community 43 years in Pettis County
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1426 East Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Roxey L. Franks

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Clark Franks

6. (c) Age of husband or wife if alive died 1942 years

7. Birth date of deceased: March 8, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 24
 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Rusher

13. Birthplace Milwaukee, Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Lesman

15. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.C. Bakert, (dau.)

(b) Address 1426 E. Broadway, Sedalia, Mo

17. (a) Burial (b) Date thereof 3/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia; Missouri

18. (a) Signature of funeral director Dwaine Ewin

(b) Address Sedalia, Mo.

19. (a) 3/3/47 (b) Betty Yeagers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
 year 1947 hour 12:20 minute P M.

21. I hereby certify that I ^{viewed} attended the deceased as coroner
2/1/47, 1947, to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death.....
coronary occlusion

Due to coronary Thrombosis

Due to.....

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?
(Specify type of place)

While at work?..... (e) Means of injury 2

23. Signature W. K. P. Walden (M.D. or other) 20

Address P.O. Fly Bldg - Sedalia, Mo Date signed 2/1/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File # _____

Date Filed 2-15-47

FEB 20 1947

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Bedalia, 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.