

17411

State File No. \_\_\_\_\_  
 Registrar's No. **2113**

Registration District No. **149** 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**  
 (c) Name of hospital or institution: **St. Joseph Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
 (Specify whether in this community \_\_\_\_\_ years, months or days) **1 yr**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3930 - E - 12 Terrace**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Eddie Earl Franklin**  
**3. (b) If veteran,** name war **no -**  
**3. (c) Social Security No.** **no -**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **12** year **1947** hour **5** minute **0** M.  
**21. I hereby certify that I attended the deceased from** **April 24** 19**47**  
 that I last saw him alive on **May 12** 19**47**  
 and that death occurred on the date and hour stated above.

**4. Sex** **male** **5. Color or race** **w**  
**6. (a) Single, widowed, married, divorced** **Wid**  
**6. (b) Name of husband or wife** **Sarah M Franklin**  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **June - 18 1880**  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**Coronary Embolism**  
 Due to \_\_\_\_\_

**8. AGE:** Years **66** Months **10** Days **25**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions **Posthectic hypersthesia**  
 (Include pregnancy within 3 months of death)

**9. Birthplace** **Missouri**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Retired**  
**11. Industry or business** **Farmer**  
**12. Name** **Eddie Earl Franklin**  
**13. Birthplace** **Ky.**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Davis**  
**15. Birthplace** **Ky.**  
 (City, town, or county) (State or foreign country)

Major findings: **none**  
 Of operations **none**  
 Of autopsy **none**  
**94a**  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
**16. (a) Informant** **Eddie Lee Franklin**  
**(b) Address** **3826 E - 9th, K.C., Mo.**  
**17. (a) Removal** **Removal** **(b) Date thereof** **5-14-47**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Hardin Mo.**  
**18. (a) Signature of funeral director** **Mrs. E. L. Forster**  
**(b) Address** **918 Brooklyn, K.C., Mo.**  
**19. (a) 5-13-47** **Geraldine Holmes**  
 (Date received local registrar) (Registrar's signature)

**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** **c**  
**23. Signature** **Eddie Earl Franklin** (M. D. \_\_\_\_\_)  
**Address** **1019 12th St. S.W.** **Date signed** **5/13/47**

R. J. Lee Hoffmann  
HA 41022  
1019  
P. Hoff

**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..... *Carlton M. ...*  
Licensed Embalmer No. *3414*  
P. O. Address..... *918 Brooklyn*

**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.**