

FILED SEP 11 1947
Registration District No. 746

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County..... Jackson

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

(c) Name of hospital or institution..... Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 2 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jackson 49

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

(d) Street No.....
(If rural, give location)

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

3. (a) PRINT MR. BENJAMIN FRANKLIN LARKIN
FULL NAME

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 25
year..... 1947 hour..... 4:00 minute..... P M.

4. Sex..... male

5. Color or race..... white

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

6. (b) Name of husband or wife..... Mrs. Lena Larkin

6. (c) Age of husband or wife if alive..... 62 years

7. Birth date of deceased..... May 1, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
Aug 21 1947 to..... Aug 25 1947
that I last saw him alive on..... Aug 25 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>24</u> hr. min.

Immediate cause of death.....
Coronary Thrombosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... Jackson County, Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation..... Farmer

PHYSICIAN

Major findings:
Of operations..... 94A

Of autopsy.....

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... Mr. Frank Larkin, Jr.
(b) Address..... Courtney, Mo.

17. (a) Burial (b) Date thereof..... 8 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Woolman's

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..... 0

18. (a) Signature of funeral director..... Geo. C. Carson Funeral
(b) Address..... Independence, Mo. Home

19. (a) 8-27-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature..... [Signature] (M. D. or other)
Address..... Independence Date signed..... 8/26/47

FEB 11 1948

MISSOURI
DEPT. OF HEALTH

JAN 6 1950

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. D. Lisle

Licensed Embalmer No. _____

4123

P. O. Address _____

Independence, 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.