

FILED JUN 26 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2483

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2927 Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community two years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2927 Park
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Leland Irwin FRANKLIN

3. (b) If veteran, name war World War II

3. (c) Social Security No. 566-26-4705

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma A. Franklin

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased February 15 1925
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>23</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Post Office

MOTHER FATHER

12. Name Allen Franklin

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

14. Maiden name Claudia Evans

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

16. (a) Informant Mrs. Emma A. Franklin

(b) Address 2927 Park

17. (a) Removal (b) Date thereof 6-13-48
(Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Mo.

18. Signature of funeral director Melody McGilley-Eylar
Kansas City, Mo.

19. (a) Edw. J. Holman (b) Edw. J. Holman
(Data received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13
year 1948 hour 6:45 minute 2 M.

21. I hereby certify that I attended the deceased from before, 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death suicide by hanging

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1640

Major findings: Of operations _____

Of autopsy no history of gunshot

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 6-13-48

(c) Where did injury occur? P.O. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) (e) Means of injury hanging

23. Signature James W. Allen (M. D. or other)
Address 1424 1/2 W. 2nd Date signed 6-13-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

JUL 27 1948

AUG 17 1954

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 *Glen E. Heck*

Licensed Embalmer No. *4663*



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting. (The signature of any other person on the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.