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M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29041**

FILED SEP 17 1948

Registrar's No. **238**

Registration District No. **47**

Primary Registration District No. **3008**

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

**1. PLACE OF DEATH:**

(a) County Callaway

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

(c) Name of hospital or institution:  
State Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs, 4 mos, 13 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Lucinda Franklin

3. (b) If veteran, name war No

3. (c) Social Security No. unk

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 22 1872  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name unk g

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

14. Maiden name unk

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

16. (a) Informant State Hospital Records

(b) Address Fulton, Mo

17. (a) Removal (b) Date thereof 9-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington University

18. (a) Signature of funeral director Shallace Funeral Home

(b) Address 176 S. Fulton, Missouri

19. (a) 9-1-1948 (b) Jose Morand  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Callaway, 4

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 24  
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1 July 1948  
to 24 Aug 1948;  
that I last saw her alive on 24 Aug 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Fracture, Left Femur  
Result of fall

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senile Psychosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 186a

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accident - 14

(b) Date of occurrence Aug 10 - 1948

(c) Where did injury occur? Fulton Callaway Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Hospital No. 2 Fulton, Mo

While at work? No (e) Means of injury Fall

Signature Miller Ler G. S. Warner (M. D. or other)

Address Fulton, Mo Date signed 24 Aug 48

RECEIVED

District Health Officer No. 9,

District File Number

SEP 15 1948

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 Benzie C. Browning

Licensed Embalmer No. 2727

P. O. Address: Fulton Md

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.