

FILED AUG 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22881**
Registrar's No. **186**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 186			
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo. Jackson Twp.					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) Belle, Route					
3. NAME OF DECEASED (Type or Print) a. (First) Bell		b. (Middle) Myriar		c. (Last) Franklin		4. DATE OF DEATH (Month) (Day) (Year) 7-29-1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 4, 1872			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 3		IF UNDER 1 DAY Days 25		IF UNDER 1 HOUR Hours 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Indiana			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME John Armer			13b. MOTHER'S MAIDEN NAME Martha Woods			14. NAME OF HUSBAND OR WIFE G. W. Franklin Vienna, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. W. Franklin Vinna, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive cardiac vasculen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22-I hereby certify that I attended the deceased from July 25, 1949 , to July 29, 1949 , that I last saw the deceased alive on July 29, 1949 , and that death occurred at 8:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. A. Taylor M.D.				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 8-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-1949		24c. NAME OF CEMETERY OR CREMATORY Union Hill		24d. LOCATION (City, town, or county) (State) Maries County Mo.			
DATE REC'D BY LOCAL REG. Aug 1-1949		REGISTRAR'S SIGNATURE R.P. Davis MO-7R-2		EMBALMER'S SIGNATURE Thos. Birmingham		ADDRESS Vienna, Mo.			

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

RECEIVED
AUG 8 1919
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed *M. C. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Creola 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.