

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9405

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b>	
c. LENGTH OF STAY (in this place) <b>20yrs</b>		d. STREET ADDRESS (If rural, give location) <b>427, Broad.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>427 Broad St.</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>May</b>	b. (Middle) <b>Franklin</b>	c. (Last) <b>Adams.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 6, 1950</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>		8. DATE OF BIRTH <b>7, Jan. 1879</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper.</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>California.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>J.W. Franklin.</b>		13b. MOTHER'S MAIDEN NAME <b>Letitia Virginia Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Robert Adams, deceased.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nickel Franklin, Warrensburg, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast</b>		DUE TO (b) _____				<b>3 1/2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				<b>170X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Cerebral (infarct) thrombosis</b>				<b>2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb, 1948, to 3-6, 1950, that I last saw the deceased alive on 3-6, 1950, and that death occurred at 9:15 PM., from the causes and on the date stated above.

23a. SIGNATURE <b>R. Lee Cooper MD</b>		(Degree or title)		23b. ADDRESS <b>Warrensburg, Mo</b>		23c. DATE SIGNED <b>3-7-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8, Mar. 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Plesant Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Plesant Hill, MO.</b>	

DATE REC'D BY LOCAL REG. <b>Mar. 7, 1950</b>		REGISTRAR'S SIGNATURE <b>Savannah Crest</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips, Warrensburg, MO.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

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MAR 22 1950

JOHNSON COUNTY HEALTH DEPT.

MAR 13 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 \_\_\_\_\_

Student Embalmer No. 358

working under my personal supervision.

Student Leo P. McQuirk  
Student Embalmer

Signed R. D. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.