

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33229

State File No. _____

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4616

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		c. LENGTH OF STAY (In this place) About 30yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		STREET ADDRESS (If rural, give location) 1304 Euclid	
3. NAME OF DECEASED (Type or Print) a. (First) (JOHNNY) JOHN		b. (Middle)	c. (Last) FRANKLIN
4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1955		5. SEX Male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 15, 1899		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (City and State or Foreign Country) Austin, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Franklin		13b. MOTHER'S MAIDEN NAME Ara Cecelia Hall	
14. NAME OF HUSBAND OR WIFE Earline		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 497-14-0528		17. INFORMANT'S SIGNATURE OR NAME Mrs. Robbie Lee Jackson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Pulmonary Edema & Congestion		ADDRESS 2815 Datto St., Dallas, Texas	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 6983 X	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic Gastro-Intestinal Hemorrhage		DUE TO (c) Advanced Hypertrophic Cirrhosis of Liver	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Interstitial Nephritis Coronary Sclerosis	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	
21b. PLACE OF INJURY (e.g., floor above home, farm, factory, street, public place, etc.) Street between 112 + 112 1/2 Kansas City Jackson, mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 10-13-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Don't know		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE L. M. Tillman		23b. ADDRESS 1618 Lydia Ave	
23c. DATE SIGNED 10/26/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/29/55		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bull	
DATE REC'D BY LOCAL REG. 10-27-55		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S ADDRESS 1212 Vine St.			

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

L. M. Tillman

1815-2A

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. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *E. Sterling Bull*.....
Licensed Embalmer No. *317*.....

P. O. Address *1717 W. K. C. 311*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.