

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40555

State File No. _____

FILED JAN 11 1958

5569

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

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 OR TOWN Kansas City)	c. LENGTH OF STAY (in this place) 8 months	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1805 E. 12th Street		e. STREET ADDRESS (If rural, give location) 1032 Garfield Avenue 3178	

3. NAME OF DECEASED (Type or Print) a. (First) Allen b. (Middle) Herbert c. (Last) Franklin			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1955		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3-26-1934	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
--------------------	------------------------------	---	-----------------------------------	---	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Osage, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME Will Franklin		13b. MOTHER'S MAIDEN NAME Katie Martin		14. NAME OF HUSBAND OR WIFE None			
---	--	---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Katie Jackson, 1948 S. 45th St.			
--	--	---	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Penetrating Stab Wound of Lower Right Abdomen. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laceration of Lower Ileum, deep lacerated DUE TO (c) Wound of Right Antecubital Space, 9482X				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemoperitoneum - Internal & External Hemorrhage					

19a. DATE OF OPERATION 12/18/55		19b. MAJOR FINDINGS OF OPERATION Lacerated Intestines - Hemoperitoneum				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
--	--	---	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1805 E 12		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo.	
--	--	---	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Acc. 18, 1955 - m.		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 Deputy Coroner (Degree or title) 3			23b. ADDRESS 1618 Lydia Ave K.C. Mo.			23c. DATE SIGNED 12/19/55		
---	--	--	---	--	--	----------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/23/55		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
--	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 12-22-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Badeau, Appleton & Jones, Inc., K.C., Mo.			
--	--	--	--	---	--	--	--

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

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 *Conrad G. Ludwig, B.S.*

Licensed Embalmer No. *484*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.