

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029092  
STATE FILE NUMBER  
3693

FILED AUG 20 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 3693

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>Bainbridge Hotel, 900 Armour Blvd.</b>		Length of stay in <sup>10b</sup> <b>3 Months</b>	
d. STREET ADDRESS <b>900 Armour Blvd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM ANTHONY FRANKLIN</b>			4. DATE OF DEATH Month Day Year <b>July 31, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 16, 1925</b>
9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Editor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Magazine</b>	11. BIRTHPLACE (City and state or country), <b>Chicago, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Guy Ray Franklin</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Weber</b>	
14. NAME OF HUSBAND OR WIFE <b>Daisy Franklin</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW # 2</b>		16. SOCIAL SECURITY NO. <b>348-16-0159</b>	17. INFORMANT Address <b>Mrs. Daisy Franklin, 900 E. Armour</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Death by Hanging</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8974</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Strand hanging by neck</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>7-31-58</b> p.m. <b>in bedroom</b>	20d. PLACE OF INJURY (e.g., in or about home, apt., factory, street, office bldg., etc.) <b>Home</b>		
20e. CITY, TOWN, OR LOCATION COUNTY STATE <b>Kansas City Jackson Mo</b>			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		22b. ADDRESS <b>1034 Pratt Blvd</b>	22c. DATE SIGNED <b>8-1-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial &amp; Removal</b>	23b. DATE <b>8-1-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Linwood</b>	23d. LOCATION (City, town, or county) (State) <b>Chicago, Ill.</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar 1800</b>		25. DATE RECD. BY LOCAL REG. <b>8-1-58</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens



8961 0 T 100

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 *Melvin Bartoo*

Licensed Embalmer No. *4903*

P. O. Address *RC Me*

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.