

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2259-61-016831

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 393

Primary Registration District No. 1002

Registrar's No. 2259

STATE FILE NUMBER

AMENDED

FILED MAY 19 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CLAY COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY NORTH MO		Length of stay in 1b 1 1/2 Months		c. CITY OR TOWNSHIP KANSAS CITY NORTH MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 4420 EAST 46TH AVE KCN. MO				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4420 EAST 46TH AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER BROMWELL FRANKLIN				4. DATE OF DEATH Month Day Year MAY 5 1961			
5. SEX MALE		6. COLOR OR RACE CAUC.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH FEB 22 1890	
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER				10b. KIND OF BUSINESS OR INDUSTRY SEPP - EMPLOYED SPECULATION		11. BIRTHPLACE (City and state or country) KANSAS CITY KANSAS	
12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME WILLIAM B. FRANKLIN		13b. MOTHER'S MAIDEN NAME LULA SMITH	
14. NAME OF HUSBAND OR WIFE Mrs. BOB FRANKLIN				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
17. INFORMANT MRS. JOAN FRANKLIN				Address 4420 E. 46TH AVE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lungs.						INTERVAL BETWEEN ONSET AND DEATH month	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 30 April 61 to 5 May 61 and last saw him alive on 5 May 61 Death occurred at 11:13 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) M.D.				22b. ADDRESS 1806 Swift Ave. North Kan. Ct. No		22c. DATE SIGNED 5/6/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 8, 1961		23c. NAME OF CEMETERY OR CREMATORIUM MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS				ADDRESS 1351 BRUSH CR.		25. DATE RECD. BY LOCAL REG. 5-8-61	
				26. REGISTRAR'S SIGNATURE Ruth Long			

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 Harry E. Clemens

Licensed Embalmer No. 4050

P. O. Address Placast Hill

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.