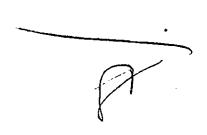
C 11. 222	THE DIVISION OF HEALTH OF MISSOURI					
S. No.300	FILED MAR 28 1950 STANDARD	CERTIF	ICATE OF DEA	ATH	State File No.:	11019
17. 10.48	318 1003 2009					
	BIRTH NO REB. DIST. NO		PRIMARY REG. DIST.		Registrar's No.	
	1. PLACE OF DEATH a. COUNTY		2. USUAL RESID		b. COUNTY	rtitution: residence before admission).
_/	b. CITY (If outside corporate limits, write RURAL and give C. LI OR TOWN St. LOUIS	ENGTH OF (in this place)	c. CITY (If outside con OR TOWN St.	_	URAL and give town	mahip)
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 272L Winnebago		d. STREET (II rural, give location) ADDRESS 2724 Winnebago			
ĕ		le)	c. (Last)	4. DAT		
	DECEASED	,	•	l OF		(Day) (Year) 7th. 1950
	(Type or Print) FRANKLIN G.  5. SEX A   6. COLOR OR RACE   7. MARRIED, NEVER M.	ADDIED	ROSS 8. DATE OF BIRTH	DEAT	H Mar 1	
PERMANENT	Male White Married	D (Specify)	May 13th 1	Inst tv	Hontha 10	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSING done during most of working life, even if retired)  Truck Driver	SS OR IN- DUSTRY	11: BIRTHPLACE (State St. Eouis		0	12. CITIZEN OF WHAT COUNTRY?
Ā	13a. FATHER'S NAME 13b. MOTHER	' C MAINEN	·		USBAND OR WIF	
◀	· ·		plenbrander			_
BLACK INK-MARE	Sammuel M. Ross   V101a		17 INFORMANT			
	(Yes, no, or unknown) (If yes, give war or dates of service)	NO.	17. INFORMANT' Edward Ros	s 7312 s S	Espland t. Loui	e Mo.
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)  11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (b)  12. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (b)  13. CAUSE OF DEATH ONSET AND DEATH (c)  14. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (d)					
	*This does not mean ANTECEDENT CAUSES					
	the mode of dying, such as heart failure, asthemia, rise to the above cause (a) stating the modes of dying, such rise to the above cause (a) stating the underlying cause last.					
	etc. It means the discourse the interrying course tous.    case, injury, or complica-					
UNFADING	tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.					
[Δ]	related to the disease or condition causing death.     19a. DATE OF OPERA-   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?					
UN	TION		<u>.</u>			YES NO
E PLAINLY—USING	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s. SUICIDE home, farm, factory, acrest, off HOMICIDE	g., in or about ice bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP	(COUNTY)	20TATE
	Zid. TiME (Month) (Day) (Year) (Hour) Zie. INJURY CONTROL OF INJURY CONTROL OF A	CCURRED T WHILE T WORK	21f. HOW DID INJURY	OCCUR7		
	22. I hereby certify that I attended the deceased from I // , 1947, to B/17/50, 19 , that I last saw the deceased alive on H/5 , 1956, and that death occurred at 3 P m., from the causes grid on the date stated above.					
	23a. SIGNATURE: // // / 23b. ADDRESS // // // 23c. DATE SIGNED					
	-church m	<b>∕</b> 5∷:	2800	Chiff	eva	13/18/50
WRITE	24a. BURIAL, CREMA- 24b. DATE 24c. NAME O BURIAL (Speedby) 3/20/50 Valha			St. Location (o	s Co. M	0.
	DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE		Jay B. Smi	th	Manhces Maplewo	Pass Rd.
į	(Licensed E	mbalmer's S	tatement on Reverse Side		ahremu	ou ,



## STATEMENT BY LICENSED EMBALMER

•	
I hereby certify that the body whose name is recorde	d on the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No.
working under my personal supervision.	W PM
	KI F'/IV

Licensed Embalmer No. 4029 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.

Student Embalmer