. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42767

FILED DEC 16 1947

Registration District No. 2-16 Primary Registration District No. 3059 Registrar's No. 386

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 410 N. Jackson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 410 N. Jackson St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EMMA DOE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert Doe
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May (Month) 16 (Day) 1867 (Year)

8. AGE: Years 80 Months 0 Days 10 If less than one day ..... hr. ..... min.
9. Birthplace St Clair (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name John William Franklin
13. Birthplace Wright Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Emmagella Wilson
15. Birthplace Washington (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Wallace Franklin
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation B.J. Cemetery
18. (a) Signature of funeral director Benham Undertaking Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 12-6-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1947 hour 3 minute 25 A.M.
21. I hereby certify that I attended the deceased from At various times for past 3 yrs ..... 19..... ; that I last saw h[illegible] alive on Nov 24 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Vascular collapse	
Due to: Arteriosclerosis	
Due to: Senile - Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature B.J. Manley (M. D. or other)
Address Bonne Terre Mo Date signed 11/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1247-1554

Date Filed 12-15-42

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence J Blagwell

Licensed Embalmer No. 3796

P. O. Address Barnwell, S. C.

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.