

APR 14 1943
Registration District No. 297

Primary Registration District No. 6022

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Twp. R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Lee Franklin

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 2 22 1
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 22 hr. min.

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Leroy Franklin

13. Birthplace Ray Co
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ruth Snelling

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Ralph Snelling

(b) Address Richmond Mo

17. (a) Burial (b) Date thereof 3 24 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Cem

18. (a) Signature of funeral director John W. Kuepfer

(b) Address Harden Mo

19. (a) 3/4/43 (b) Mrs Chas W Shippert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1943 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Burned caused by explosion of coal oil lamp

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 189

(b) Date of occurrence 3/22/43

(c) Where did injury occur? Richmond Ray Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? Yes (Specify type of place) (e) Means of injury Explosion

23. Signature Dr J F Bader (M. D. or other).....
Address Richmond Mo Date signed 3/22/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-43

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 was not
embalmed very badly burned, Registered Apprentice No.....
working under my personal supervision.

Signed John W. Kuipschild
Licensed Embalmer No. 2789
P. O. Address Hardin 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 this body is not embalmed, fact should be so stated above.