

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 17231

1 PLACE OF DEATH

County Jackson  
Township Kaw  
or  
Village  
or  
City Kansas City, Mo. (NO. 6227 Douglas St. Ward)

Registration District No. 888 File No.  
Primary Registration District No. 1002 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

John Wesley Frantz

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH June 27 1874  
(Month) (Day) (Year)

7 AGE 44 yrs. 10 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Postal Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road

9 BIRTHPLACE (City or town, State or foreign country) Penna.

PARENTS  
10 NAME OF FATHER David Frantz  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Penna.  
12 MAIDEN NAME OF MOTHER Mary Stauffer  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penna.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jacques Frantz  
(Address) 6227 Douglas

15 Filed 5725, 1919 Adel Frantz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 23 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from May 20, 1919, to May 23, 1919, that I last saw him alive on May 23, 1919, and that death occurred, on the date stated above, at 9:15 P.M.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia  
108  
Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) 97  
(Duration) yrs. mos. ds.  
(Signed) OR Woods M. D.  
5724, 1919 (Address) 6235 E. 15<sup>th</sup>

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residences.

19 PLACE OF BURIAL OR REMOVAL Edwards DATE OF BURIAL May 25 1919

20 UNDERTAKER Mrs. C. L. Foster ADDRESS 915 Brooklyn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

