

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.

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

 State File No. **38535**
 Registrar's No. **4299**

 Registration District No. **399**

 Primary Registration District No. **1007**

1. PLACE OF DEATH:

(a) County **Jackson** 1
 (b) City or town **Kansas City Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **The Children's Mercy Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 mo 6 ddp**
 (Specify whether

 In this community
 years, months or days

 2. (a) PRINT FULL NAME **Geetha May Frakes** ⁶²⁰

 3. (b) If veteran,
 name war

 3. (c) Social Security
 No.

 4. Sex **Female**
 race **white**

 5. Color or
 race
 6. (a) Single, widowed, married,
 divorced **Single**

6. (b) Name of husband or wife

 6. (c) Age of husband or wife if
 alive - **1925** years

 7. Birth date of deceased **Sept 8**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	14	1	3	hr. min.

 9. Birthplace **Miami Mo**
 (City, town, or county) (State or foreign country)

 10. Usual occupation **None**

11. Industry or business

 12. Name **Uron Frakes**

 13. Birthplace **Merced Co, Mo**
 (City, town, or county) (State or foreign country)

 14. Maiden name **Loysel Adams**

 15. Birthplace **Lattin Co.**
 (City, town, or county) (State or foreign country)

 16. (a) Informant's own signature **Hazel Frakes**

 (b) Address **Magna Mo**

 17. (a) **miami mo** (b) Date thereof **Nov 13 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

 (c) Place: burial or cremation **Burial, Miami, Mo**

 18. (a) Signature of funeral director **Hon. Shat**

 (b) Address **Marshall mo**

 19. (a) **Nov 14, 1939** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
 (c) City or town **Missouri**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R. R # 2**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month **November** day **Eleventh**
 year **1939** hour **2:45** minute **0** M.

21. I hereby certify that I attended the deceased from

6-5, 19**39**, to **11-11**, 19**39**;
 that I last saw h. **CR** alive on **11-11**, 19**39**;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia terminalis
secondary to
chronic nephritis
with
hypertension, dilatation of heart, pulmonary emphysema
 Due to **Chronic Nephritis**
 Due to **Pneumonia terminalis**
 Other conditions **with**
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

 Major findings:
 Of operations

Of autopsy **(Nephritis) acute Bilateral hypertrophy, dilatation of heart, pulmonary emphysema**
 Underline the cause to 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?

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

 23. Signature **J. B. Goddard** (M. D. or other)

 Address **1316 Eng Bldg** Date signed **11-11-39**

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.