

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

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.

DEC 11 1939

Registration District No. 47

Primary Registration District No. 5064

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Pittsburg Kansas 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 37 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Martin Way

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Belle Way

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

7. Birth date of deceased Apr 2 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	12	hr. min.

9. Birthplace Fayette County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Wm Way

18. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Belle Adams

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

16. (a) Informant's own signature May Lizzie Sloop

(b) Address Portland Oregon

17. (a) Burial (b) Date thereof July 16-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Ks.

18. (a) Signature of funeral director Elleworth Hud Co

(b) Address Pittsburg Kansas

19. (a) _____ (b) Geo P Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 1939
year 1939 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 15, 1938, to July 13, 1939
that I last saw him alive on 7/13, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Brain

Due to _____

Due to Hb

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

PHYSICIAN

Major findings: _____
Of operations:

Of autopsy: _____

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? _____
(Specify type of place)

While at work _____ Means of injury _____

423 Signature Geo P Cook (M. D. or other) _____
Address Wm Linn Date signed 7/13/39

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 Allen Gancey

Licensed Embalmer No. 3452

P. O. Address Pittsburg Kansas

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.