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C21492

FILED MAY 15 1940

Registration District No. 299

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson County  
(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: Lakeside Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Forty Three Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit: write "RURAL")  
(d) Street No. 3416 Wayne Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank H. De Cou 2071

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie De Cou 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 23, 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 22 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant (Sporting Goods)

11. Industry or business 9

MOTHER FATHER { 12. Name William H. De Cou 9

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

14. Maiden name Georgjane Pugsley

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

16. (a) Informant Mrs. Nellie DeCou

(b) Address 3416 Wayne Avenue

17. (a) Burial (b) Date thereof April 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West Forty Second

19. (a) April 15, 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 th  
year 1940 hour 7:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 15  
1940 to April 13 1940  
that I last saw him alive on April 13 - 40 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 day

Due to chronic myocarditis several yrs.  
& arteriosclerosis

Due to \_\_\_\_\_ 930

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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)  
Means of injury 3

23. Signature Doc F. Reisman, M. D. or other Dr.

Address 1115 Grand Ave Date signed April 14 - 40

**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 *Elmer C. Wedelin*

Licensed Embalmer No. *3495*

P. O. Address *Kansas City 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, above space should be left blank.**