

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1161**
Registrar's No. **121**

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3728 Woodland
(d) Length of stay: 2 years
In this community 2 years

8. (a) PRINT FULL NAME FRYAR-GEORGIA ANN
3. (b) If veteran, no **8. (c) Social Security** no
name war No.

4. Sex Female **5. Color or** White **6. (a) Single, widowed, married,** 2 divorced
race White **6. (c) Age of husband or wife if** no
6. (b) Name of husband or wife Deceased alive no years
7. Birth date of deceased June 5 1877
(Month) (Day) (Year)

8. AGE: 63 Years 7 Months 8 Days
If less than one day hr min.

9. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

11. Industry or business
12. Name Grandpa Gumble
13. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant John Spears
(b) Address 3728 Woodland
17. (a) Burial Burial **(b) Date thereof** 1-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem
18. (a) Signature of funeral director Seedert's
(b) Address 6900 West K.C. Mo
19. (a) Jan 19 1941 **(b) M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3728 Woodland
(e) If foreign born, how long in U. S. A. American years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1-8-41 day 5 hour 30 minute A M.

21. I hereby certify that I attended the deceased from Hopely, Mo 1941;
that I last saw him alive on 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Chronic Pulmonary Tuberculosis
tuberculous Hepatitis
Other conditions (Include pregnancy within 3 months of death)

Major findings: 13B
Of operations
Of autopsy

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?
(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 Russell W. Spear (M. D. or other) 3
Address Peru Date signed

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

MOTHER FATHER

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 Howard J. Roe

Licensed Embalmer No. 2748

P. O. Address 1324 E. 36

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.