

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

Jackson
(a) County
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2447 Woodland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Fourteen Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2447 Woodland**
(If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **II**
year **1941** hour **10** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **6-10-41** to **6-11-41**
that I last saw him alive on **6-10-41**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Apoplexy
Due to **Cerebral Hemorrhage**

Due to _____
Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

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) _____
(e) Means of injury _____
23. Signature **J. H. Hough** (M. D. or other) _____
Address **2200 E. 8th** Date signed **6-14-41**

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

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3. (a) PRINT FULL NAME **Fannie Frambrough**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **June 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **-** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace **Henry County Georgia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**
None

11. Industry or business _____

MOTHER FATHER { 12. Name **Don't Know**
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name **Nancy Murry**
15. Birthplace **Henry County Georgia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Frambrough**
(b) Address **2302 Lydia**

17. (a) _____ (b) Date thereof **6-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Thos. Appleton & Sons**
(b) Address **6/16/41**

19. (a) **6/16/41** (b) **M. M. Groves**
(Date received local registrar) (Registrar's signature)

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 *C. H. West*

Licensed Embalmer No. *2710*

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, fact should be so stated above.

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