

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24151

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2690

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5605 Tracy Ave  
(If not in hospital or institution, write apartment number or location)

(d) Length of stay: In hospital or institution not  
(Specify whether years, months or days) 12 years 1

3. (a) PRINT FULL NAME BARBARA FRANK

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Marvin Frank 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Sept 26 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business in home

12. Name Leonard Schured 4

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara S. Schlaud

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Frank

(b) Address 5605 Tracy Ave Kc Mo

17. (a) Burial (b) Date thereof July 19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Calvary Cemetery

18. (a) Signature of funeral director J. J. ...

(b) Address 322 N 7th St Kansas City Mo

19. (a) July 18 41 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 5605 Tracy Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 52 years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1941 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 1934 to July 7th 1941  
that I last saw her alive on 7/15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Coronary Sclerosis

Due to auto

Other conditions (Include pregnancy within 3 months of death) 94W

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

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 M. M. Crowl (M. D. or other) M.D.

Address 1039 Bunker Date signed 7-19-41

**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

*Frank A. [Signature]*

Licensed Embalmer No. *3124*

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.**