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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34125
4070
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 2 Months 0
years, months or days)

3. (a) PRINT FULL NAME Frank Marion Middleton
3. (b) If veteran, name war None
3. (c) Social Security No. 490-09-1689

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Lucille Middleton 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased October 9th, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>0</u>	<u>22</u>	..hr.min.

9. Birthplace Sweet Water Texas
(City, town, or county) (State or foreign country)
10. Usual occupation Stationary Engineer

11. Industry or business
12. Name A. J. Middleton
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ada No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Middleton
(b) Address 2806 Chelsea
17. (a) Removal (b) Date thereof 11-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sweetwater Texas

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Mo.
19. (a) 11/1/41 (b) M. M. Crane
(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") 3
(d) Street No. 2806 Chelsea
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st
year 1941 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from October 22
19 41 to October 31 19 41
that I last saw him alive on October 31 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death
Metastatic Carcinoma of liver
Due to Primary Carcinoma of lung
Due to
Other conditions None known
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy Very large Carcinoma of liver & primary Ca. in Rt Bronchus.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? none (Specify type of place) (e) Means of injury none
23. Signature J. Harvey Jennett (M. D. or other) M.D.
Address 1318 Bryant Bldg. KCMo Date signed 11-1-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

ADV 171943

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed: George H. Wise

Licensed Embalmer No. 2570

P. O. Address RE ME

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.