No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5168

Registrar's No. 654

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: 3544 Paseo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 60 Years (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson 48 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 3544 Paseo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Emil L. Frank

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Aug. (Month) 8th (Day) 1864 (Year)

8. AGE: Years: 78 Months: 5 2 Days: 28 If less than one day: hr. min.

9. Birthplace: Weston (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Retired Salesman

11. Industry or business:

MOTHER FATHER

12. Name: Jacob Frank

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

MOTHER

14. Maiden name: Amelia Rau

15. Birthplace: (City, town, or county) Germany 1 (State or foreign country)

16. (a) Informant: Mrs. E. Weil

(b) Address: La Salle Hotel

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 2/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation: D. W. Newcomers Sons

18. (a) Signature of funeral director: Carroll-Davidson

(b) Address: 3024 Troost.

19. (a) 2-8-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 6 year: 1943 hour: 8:30 minute: P. M.

21. I hereby certify that I attended the deceased from ~~[illegible]~~ January 30, 1943, to February 6, 1943; that I last saw him alive on February 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxaemia from Kidney	1 month
Due to: Cancer of Prostate	?
Due to: 51 B	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Oscar Krueger D (M. D. ~~or other~~)

Address: 420 Angle Bldg. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.