

FILED MAY 5 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1789

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 3216 E 59<sup>th</sup> St  
(d) Length of stay: In hospital or institution 0 50 yrs.  
In this community 0 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3216 E 59<sup>th</sup>  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Frank T. Dean

(b) If veteran, name war

No

(c) Social Security No. None

4. Sex Male

5. Color or race Wn

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

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased

Sept. 28, 1868

8. AGE:

Years 83 Months 6 Days 24

9. Birthplace

Newton Iowa

10. Usual occupation

Retired

11. Industry or business

Stone Contractor

12. Name

Malcom Dean

13. Birthplace

Ohio

14. Maiden name

Susan Ann Drake

15. Birthplace

Ohio

16. (a) Informant

Clara Dean

(b) Address

K. C. Mo

17. (a)

Burial (b) Date thereof 4-24-44

(c) Place: burial or cremation

Mt. Maria Cem.

18. (a) Signature of funeral director

Phyllis Funeral Home

(b) Address

K. C. Mo

19. (a)

4-24-44 (b) N-E Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22 year 1944 hour minute

21. I hereby certify that I attended the deceased from April 14 1944 to April 21 1944 that I last saw him alive on April 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

2 or 3 days

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature (Specify type of place) (b) Means of injury

Signature: Louis J. Quincy (M. D. or other)

Date signed: 4/24/44

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

MOTHER-FATHER

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**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.**