

State File No. \_\_\_\_\_  
Registrar's No. 2802

Registration District No. 149 Primary Registration District No. 1002

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

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:  
Swope Park Golf Course 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 36 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City Mo. 3  
(If rural, give location)  
 (d) Street No. 5521 Euclid  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Geo. Frick  
 (b) If veteran, name war World War-11  
 (c) Social Security No. 487-10-2015

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 6 day 22  
 year 1946 hour 11:30 minute a M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary E. Frick  
 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased Sept. 19 1909  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death:  
Acute + Chronic Myocardial infarction.  
 Due to Slight + Left coronary atherosclerosis + coronary occlusion.  
 Due to \_\_\_\_\_

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Salesman  
 11. Industry or business Skelly Oil Co.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy yes as above

MOTHER FATHER {  
 12. Name Geo. Wm. Frick  
 13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sabinia Hartman  
 15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mary E. Frick  
 (b) Address 5521 Euclid  
 17. (a) Burial (b) Date thereof 6-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Mary's

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Bruce A. Giffin  
 (b) Address 20 W. - Linwood  
 19. (a) 6-24-46 (b) A. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature James Walker (M. D. or other) 3  
 Address 11924 1/2 W. 11th Date signed 6-23-46

04/19/70

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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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address. James 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.**