

**FILED JUL 2 1946**

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:  
Kansas City Convalescent Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 days  
(Specify whether years, months or days)  
 In this community 45 days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Buckner  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Frank A. Napier  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Ada Napier  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 4, 1866  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>79</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Hamilton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stockman

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William A. Napier  
 13. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Buster  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter W. Napier  
 (b) Address 120 North Jackson

17. (a) Removal (Auto) (b) Date thereof 6/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hamilton, Missouri

18. (a) Signature of funeral director Thos. E. Quirk  
 (b) Address 4316 Troost Ave.

19. (a) 6-22-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 21st  
 year 1946 hour 5:15 minute \_\_\_\_\_ a.m.  
 21. I hereby certify that I attended the deceased from June 1  
3, 1946 to June 21, 1946  
 that I last saw him alive on June 17, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial degeneration  
No regeneration

Due to Coronary artery  
irregular hardening

Other conditions Sensibility 52%  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations no operations  
 Of autopsy no autopsy

Duration \_\_\_\_\_  
 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 G. K. Owens (M. D. or other) \_\_\_\_\_  
 Address 1034 Pruitts N. 3rd Date signed 6/21/46

**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 Thomas E. Gurb  
Licensed Embalmer No. 3776  
P. O. Address 14316 Troost

**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.**