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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 3626 Warwick Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3626 Warwick Boulevard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEO B. FRAME

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 Married

6. (b) Name of husband or wife Mrs. Minnie M. Frame
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October (Month) 29th. (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	0	16	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Clerk of Division #8
11. Industry or business

FATHER
12. Name Al Frame
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Inez Briggs
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Minnie M. Frame
(b) Address 3626 Warwick Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 18 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 11-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th. year 1946 hour 1:40 minute a. M.

21. I hereby certify that I attended the deceased from Oct. 28, 1946, to Nov. 15, 1946; that I last saw him alive on Nov. 15, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SUBDURAL HEMORRHAGE	2 HOURS
Due to CEREBRAL ARTERIOSCLEROSIS	2 YR. plus
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —— 8 30
Of autopsy ABOVE

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 U

23. Signature S. Reid Jones (M. D. or other) MD
Address 1107 Bryant Bldg. Date signed 11-15-46

(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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. Mo.

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

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