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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4831

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 779

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: Lakeside Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 19 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Franklin 999

(c) City or town Ottawa (If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY FRAKES

3. (b) If veteran, name war no.

3. (c) Social Security No. unknown

4. Sex Fem.

5. Color or race Wh.

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 June (Month) 23 (Day) 1923 (Year)

8. AGE: Years 23 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Manhattan (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Receptionist

11. Industry or business Dr. Office in Ottawa Ks.

FATHER
12. Name R. Frakes
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva M. Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant McVey Funeral Home

(b) Address Ottawa Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 20 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kansas

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 B Nesh Creek Blvd

19. (a) 2-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 19 year 1947 hour 3 09 minute P M.

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

Immediate cause of death Barbiturate Poisoning

Due to suicide

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes as above

163 B

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) suicide

(b) Date of occurrence 2-18-47

(c) Where did injury occur? Ottawa Kansas (City or town) (County) (State)

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

While at work? no (e) Means of injury Barbiturate Coron

23. Signature [signature] (M. D. or other)

Address 1424 [illegible] Date signed 2-20-47

(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 JOHN E FRAKINE, Registered Apprentice No. applied for, working under my personal supervision.

Signed E. Oscar Hockey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.