

S. No. 2  
-12-45  
5-17-39  
I X47070

FILED JAN 20 1948, 49  
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: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months  
(Specify whether years, months or days)

In this community 3 Months

3. (a) PRINT FULL NAME Joseph Frank

3. (b) If veteran, name war No

3. (c) Social Security No. 521-16-2078

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gladys R. Frank

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 11-9-1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>1</u>	<u>26</u>	hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Columbia Transfer Co.

MOTHER FATHER

12. Name Peter M. Frank

13. Birthplace Ellis Co. Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kessler

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

16. (a) Informant Mrs. Gladys R. Frank

(b) Address Scott City, Kansas

17. (a) Removal (b) Date thereof 1-5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott City, Kansas

18. (a) Signature of funeral director Gibson & Son

(b) Address Kansas City, Kansas

19. (a) 1-5-48 (b) Alfred Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 9777

(c) City or town Scott City (If outside city or town limits, write "RURAL") 14

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

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1948 hour 6 minute 50 A. M.

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

Immediate cause of death Arterial  
Abdominal Carcinomas

Due to Primary Carcinoma of Body of Pancreas 8 months or more

Other conditions Pleural and Ventroal Effusions  
(Including pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy As above, 46%

Duration Wks

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) No

(b) Date of occurrence No

(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? \_\_\_\_\_

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

23. Signature Alfred Holmes (M. D. or owner)  
Address St. Lukes Hospital KC Mo

MAR 25 1948  
MAR 26 1948

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 *Joseph M. Malloy*.....

Licensed Embalmer No. *2798*.....

P. O. Address *K.C. 114*.....

**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.