

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15864**  
**1806**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u> c. LENGTH OF STAY (in this place) <u>2 yrs - 2 mos - 19</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1028 Cherry</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORINE</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Frisby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed DIVORCED</u>	8. DATE OF BIRTH <u>July 27, 1904</u>	9. AGE (In years) IF UNDER 1 YEAR: Months <u>44</u> Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u><del>28627</del></u>	11. BIRTHPLACE (State or foreign country) <u>Excelsior Springs, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter L Redman</u>	13b. MOTHER'S MAIDEN NAME <u>Sadie Farmer</u>	13c. NAME OF HUSBAND OR WIFE <u>William Frisby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>580-28627</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sadie F. Redman</u> ADDRESS <u>1198 S. Santa Fe Drive, Lawp.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Billemoury tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from February 4, 1947, to April 23, 1949, that I last saw the deceased alive on 4-23, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. K. Landis, M.D.</u>	23b. ADDRESS <u>K.C. Tuberculosis Hospital</u>	23c. DATE SIGNED <u>4-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Re-buried</u>	24b. DATE <u>4-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>4-25-49</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Loretina Martway</u> ADDRESS <u>5386 Campbell</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Peter B. Lapelina*

Licensed Embalmer No. 4273

P. O. Address K.C. 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.