

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4830
504

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 town) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>8 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3438	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2516 HARRISON STREET</u>				d. STREET ADDRESS (If rural, give location) <u>2516 HARRISON STREET 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARK</u> b. (Middle) <u>M</u> c. (Last) <u>FRASER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 3-1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL-23-1885</u>	
9. AGE (In years last birthday) <u>64 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOOR MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUEHLEBACH HOTEL</u>		11. BIRTHPLACE (State or foreign country) <u>HIAWATHA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SIMON FRASER</u>		13b. MOTHER'S MAIDEN NAME <u>ALMA GREENE</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>486-26-4077</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALICE DAVIS</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(a) Apoplexy of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(b) Chronic endocarditis</u> DUE TO (c) <u>(c) Influenza</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-----</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>20 years</u> <u>1 week</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>February 2, 1950</u> , to <u>February 3, 1950</u> , that I last saw the deceased alive on <u>February 2, 1950</u> , and that death occurred at <u>4:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. M. Price, D.D.</u>				23b. ADDRESS <u>623 Shubert Bldg Kc Mo</u>		23c. DATE SIGNED <u>Feb 3 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-----</u>		24d. LOCATION (City, town, or county) (State) <u>HIAWATHA, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>2-3-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmead</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer</u>			
				ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10:30. 4:30

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Jose T. Deews

Signed.....

Student Embalmer

Licensed Embalmer No. *4453*

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.