

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4742
432

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (In this place) 39 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4310 Woodland				d. STREET ADDRESS (If rural, give location) 4310 Woodland Ave. 3038			
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) Henry		c. (Last) Frank	
4. DATE OF DEATH		(Month) Jan.		(Day) 28		(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Sept. 26, 1852		9. AGE (In years last birthday) 98 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Restaurant Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rushville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George Frank			13b. MOTHER'S MAIDEN NAME No record			14. NAME OF HUSBAND OR WIFE Dorothy Frank	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elva Johnson 4310 Woodland			
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 35-*	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 Dec 1950, to Jan 28, 1951, that I last saw the deceased alive on 1-28, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. A. Nigro			23b. ADDRESS 425 Angyle		23c. DATE SIGNED 1-29-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park K.C.		24d. LOCATION (City, town, or county) (State) K.C., Mo.	
DATE REC'D BY LOCAL REG. 1-30-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas E. Quirk 4316 Troost Ave			

(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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Thomas J. [Signature]*
Student Embalmer No.
Licensed Embalmer No. *39773*
P. O. Address *[Signature]*

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.