

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33561

FILED OCT 27 1951

4344

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) <u>Kansas City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2924 Tracy St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2801 Harrison</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mrs Edith</u>	b. (Middle) <u>Nadine</u>	c. (Last) <u>Franks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-1951</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>married</u>	8. DATE OF BIRTH <u>6-5-1887</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>-</u>	IF UNDER 24 HRS. Days <u>-</u>	Hours <u>-</u>	Min. <u>-</u>
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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>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Isaac Park</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Fleisher</u>	14. NAME OF HUSBAND OR WIFE <u>C.C. Franks</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.C. Franks</u>	ADDRESS <u>2924 Tracy</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Lungs</u>		<u>1 year</u>
	DUE TO (c) <u>Primary</u>		<u>102X</u>
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 checked="" type="checkbox"/> NO <input 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 Aug 1, 1951, to Oct. 10, 1951, that I last saw the deceased alive on Oct. 10, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene R. Young</u> (Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>3353 E. 27 St. K.C. Mo.</u>	23c. DATE SIGNED <u>Oct. 11 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-12-51</u>	REGISTRAR'S SIGNATURE <u>Meraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France Warnall</u>	ADDRESS <u>Funeral Home</u>
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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

J. P. Mooney

Licensed Embalmer No.

4776

P. O. Address

K. P. Mooney

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.