

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4978

823

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <i>f</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <i>3679</i>				
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>60yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>4115 McGee</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Haven Manor Nursing Home</b>				67 0				
3. NAME OF DECEASED (Type or Print) <b>JOHN FRASER</b>			a. (First) <b>JOHN</b> b. (Middle) <b>FRASER</b> c. (Last) <b>FRASER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 20 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 14, 1867</b>		
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tailor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Aberdeen, Scotland</b> <i>4</i>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John Fraser</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ligertwood</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Margaret Fraser</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Margaret Fraser, 4115 McGee</b> ADDRESS				
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) <b>Acute Parvotitis</b>  ANTECEDENT CAUSES <b>arteriosclerosis</b> <b>generalized</b> <b>especially cerebral</b> 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.					INTERVAL BETWEEN ONSET AND DEATH  <b>33 1/4</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <b>2-12, 1952</b> , to <b>2-20, 1952</b> , that I last saw the deceased alive on <b>2-20, 1952</b> and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Herbert L. Mantz</b> (Degree or title) <b>Dr.</b>				23b. ADDRESS <b>608 Prof Bldg</b>		23c. DATE SIGNED <b>2-21-52</b>		
24a. BURIAL, CREMATION, REMOVAL <b>Burial</b>		24b. DATE <b>2/23/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-21-52</b>		REGISTRAR'S SIGNATURE <b>Sheralding Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Herbert Mantz, Prof. Bldg.  
V. 0840

1120 - 5 pm

**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. H. Green*

Licensed Embalmer No. 5939

P. O. Address F. O. 540

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.