

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36990**  
**4723**  
Registrar's No.

FILED NOV 23 1955 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>		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</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wynn's Rest Home</u>		STREET ADDRESS (If rural, give location) <u>2215 Flora</u> <u>3828</u>	
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>James</u> b. (Middle) <u>Ren</u> c. (Last) <u>Fro</u>			<u>11-1-1955</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>October 14, 1890</u>
<b>9. AGE</b> (In years last birthday) <u>75</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Waiter</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Dinning Car</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Keeton, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
<b>13a. FATHER'S NAME</b> <u>Grant Ren Fro</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dora Gayhatt</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>unknown</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Pennie Wynn</u>	
<b>18. CAUSE OF DEATH</b>		<b>18. ADDRESS</b> <u>2215 Flora</u>	
Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<u>445 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Sept. 1955</u> <b>to</b> <u>11/1, 1955</u> , <b>that I last saw the deceased alive on</b> <u>11/1, 1955</u> <b>and that death occurred at</b> <u>1200 P</u> <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>L. S. Daigle</u> (Degree or title) <u>MD.</u>		<b>23b. ADDRESS</b> <u>2122 Truman Rd.</u>	
<b>23c. DATE SIGNED</b> <u>11/2/55</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>11-4-1955</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-3-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Werna Marshall</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Brigham Jones</u>		<b>ADDRESS</b> <u>182 + Park</u>	

1958  
MAY 4

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 .....  
Signature of Student Embalmer

Signed *Lauren A. [Signature]*

Licensed Embalmer No. .... 4

P. O. Address .. 2300 E. 15th St. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.