

JAN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44721
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township..... Primary Registration District No. 001
(c) City St. Joseph (d) Street No. 55 E. Valley St. Registered No. 1325
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William T. Frans

(a) Residence, No. 55 E. Valley St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Violet Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer 2 1/2
10. Date deceased last worked at this occupation (month and year) 12-31-37 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency Missouri 1

FATHER 13. NAME Unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 31

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs. Bud Grace
(ADDRESS) 55 E. Valley St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Co. DATE Dec. 4, 1937

19. FUNERAL DIRECTOR Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED 173 37 J. S. Spittlebach
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1937, to Dec. 3, 1937
I last saw him alive on Dec. 2, 1937. Death is said to have occurred on the date stated above, at 5:20 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism
9412

Date of onset 12-2-37

Other contributory causes of importance: Bronchial Pneumonia 11-26-37

Arteriosclerosis ?

Name of operation none Date of 12-3-37

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) E. J. Gross D.O. M. D.
(Address) 5008 King Hill Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Carl A. Clark, Licensed Embalmer No. 3476
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Carl A. Clark
L. E.
No. 3476 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Carl A. Clark

Licensed Embalmer No. 3476

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.)