

REC'D AUG 8 1938

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

Do not use this space.

24177

## 1. PLACE OF DEATH

County JACKSON Registration District No. 399  
Township RAW Primary Registration District No. 1002  
City KANSAS CITY (No. 4029, TRACY) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

MRS. JOHANNAH FRANK 652

(a) Residence, No. 4029 TRACY St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN N. FRANK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 1 - 1861

7. AGE YEARS 77 MONTHS 6 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COLUMBUS OHIO

13. NAME PHILIP BAUSCH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT THEODORE C. FRANK  
(ADDRESS) 4009 TRACY

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILLS DATE JULY 5 1938

19. UNDERTAKER D.W. NEWCOMERS SONS  
(ADDRESS) 13 RUSH CREEK PASADENA

20. FILED 7-5 1938 M. M. Crowe, esq.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 7/2 1938

I last saw her alive on 7/2 1938 Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Hypertension Date of onset \_\_\_\_\_

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None 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) J. A. [Signature] M. D.

(Address) Englewood

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I 203147

1000

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

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7/13/65 - Washington - 7/26/65-25

St Marys Mass 10-11



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. 2682  
 (c) City..... (d) Street No. 4029 Tracy St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs J Hannah Frank

(a) Residence, No. .... 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from .....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

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

hypertension  
118  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Other contributory causes of importance:  
gastric hemorrhage  
due to hypertension & probable arteriosclerosis

FATHER 13. NAME ..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME ..... 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

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.

17. INFORMANT (ADDRESS) .....

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

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS) .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....  
 (Sign) J. H. Crowe, M. D.  
 (Address) .....

20. FILED 7/5 1938 J. H. Crowe  
 Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 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.

SUPPLEMENTARY

S-24177