

DEC 11 1939 399
Registration District No.

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson **2**
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution:
No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frank James Stokes, 322
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Melva Stokes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 19th, 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER
12. Name Unknown Stokes **9**
13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Melva Stokes

(b) Address 1118 Norton Avenue, K.C. Mo.

17. (a) Burial (b) Date thereof Nov. 3-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery.

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri.

19. (a) Nov. 3 1939 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 1118 Norton Avenue, K.C. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd, 1939
year 1939 hour _____ minute 5: A.M.

21. I hereby certify that Dr. Crown attended the deceased from _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary thrombosis Duration _____
Due to 94/5

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature Dr. Crown (M. D. or other) _____
Address Moeno Date signed 12/39

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

Rev. 6-17-30
U. S. G. P. 1 X19511

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed R L Clark

Licensed Embalmer No. 1903

P. O. Address KC MO

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, above space should be left blank.