

ESTD DEC 20 1917
Registration District No. 197

Primary Registration District No. 5276A

Registrar's No.

1. PLACE OF DEATH:

(a) County Clay *Maple Park*
 (b) City or town (rural) (Maple Park)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North Kansas City, Mo. Route #5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 82 years (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEWilliam Frick 6203. (b) If veteran,
name war no3. (c) Social Security
No. no4. Sex male5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife.
Lucy J. Frick6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased June
(Month)26, 1867
(Day) (Year)

8. AGE:

Years 82Months 3Days 9

If less than one day

hr. _____ min.

9. Birthplace Kearney, Missouri
(City, town, or county) (State or foreign country)010. Usual occupation Farmer (retired)11. Industry or business 612. Name Nicholas Frick13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. H. W. Meskimer(b) Address Baldwin, Kansas17. (a) burial (b) Date thereof 10/18/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rogers Cem. N.K.C. Mo18. (a) Signature of funeral director Morton Funeral Home(b) Address North Kansas City, Mo. 17619. (a) 11-12-39
(Date received local registrar)(b) Walter C. Meyer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town North Kansas City Route 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. #5
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
 year 1939 hour 11:45 minute p M.

21. I hereby certify that I attended the deceased from Oct
6, 1939, to Oct 15, 1939;
 that I last saw him alive on Oct 15, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Respiratory Failure

Duration

Due to Hemiplegia - with
Progressive Paralysis
 Due to Chronic myocarditis
with Hypertension

Other conditions:
(Include pregnancy within 3 months of death)Major findings:
Of operations: _____

Of autopsy: _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address N. Kansas City, Mo Date signed 10/18/39

Per L. M. C. (Licensed Embalmer's Statement on Reverse Side)

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

FORM 1-1-35
U. S. GOVERNMENT PRINTING OFFICE: 1935

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/19/39

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.....

Harold L. Posson

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. **3605**

P. O. Address **North Kansas City, 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.