

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4637

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2934 Madison
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 34 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2934 Madison
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME

Frank Merity 630

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Kate Merity 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 16, 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Major Merity

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Julia Hurston

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura Merity
 (b) Address 2934 Madison

17. (a) Burial (b) Date thereof 12-6-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Abigail Brothman

(b) Address 1729 Lydia

19. (a) Dec. 6, 1939 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day second
 year 1939 hour _____ minute 11:37 Pm.

21. I hereby certify that I attended the deceased from Sept 4, 1939
 _____, 19____, to Dec. 2, 1939

that I last saw him alive on Dec 2, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to Military Tuberculosis

Due to 2 2 11

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Charles White (M. D. or other) M.D.
 Address 1107 Bryant Bldg Date signed 12/5/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

Isaac Jerome Mink

Licensed Embalmer No. *3994*

P. O. Address *11206 23rd St*

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.