

42489

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4898

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

JAN 13 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: 3609 E 26th St. 7
(d) Length of stay: In hospital or institution 17 years
In this community 17 years

8. (a) PRINT FULL NAME Jessie Elma Fraens

8. (b) If veteran name war _____ 8. (c) Social Security No. _____

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frederick Fraens 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 24, 1879

8. AGE: Years 60 Months 2 Days 2 If less than one day hr. _____ min. _____

9. Birthplace De Grange Mo.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Wright

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant's own signature Frederick Fraens

(b) Address 3609 E 26th St

17. (a) Burial (b) Date thereof 12-28-39

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director H. K. ...

(b) Address 2738 Prospect, N.E. Mo
19. (a) Dec. 28, 1939 (b) M.M. Crow

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3609 E 26th St.
(e) If foreign born, how long in U. S. A. 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 Day 26 Year 1939
hour _____ minute _____

21. I hereby certify that I attended the deceased from 6:00 P.M.
at the death occurred on the date and hour stated above.

Immediate cause of death _____

Acute pulmonary congestion

Coronary atherosclerosis

Obesity

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? _____

(d) Did injury occur in or about home, in farm, in industrial place, in public place? _____

While at work _____

23. Signature M.M. Crow (M. D. or other)

Address K.C. Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

1 X 1011

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed

Francis Walton
By J. H. Peggeman

Licensed Embalmer No. *2744*

P. O. Address *M.C. Ind.*

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.