1 APR 4 1949

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

10655
Do not use this space.

1. PLACE OF DEATH

(a) County Clay — Registration District No. 198

(b) Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No. 57

(c) or City Excelsior Springs, Missouri (d) Street No. Veterans Administration Facility 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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

630 3

2. PRINT FULL NAME Frank S. Treadway

(a) Residence, No. 3516 Summit, Kansas City, Mo. 0 St. Kansas City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1856

7. AGE: YEARS 83 — MONTHS 7 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville, Illinois

FATHER
13. NAME Charles Treadway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven, Conn.

MOTHER
15. MAIDEN NAME Charlotte Small
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville, Ill.

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Kansas City, Mo. DATE 3-29 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard 180
Excelsior Springs, Mo.

20. FILED 3-29- 1940 Mrs Rea McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1940, to March 28, 1940

I last saw him alive on March 28, 1940. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

	Date of onset
Duodenal Ulcer	
Pneumonia, bronchial	

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Other contributory causes of importance:
Aortic Arteriosclerosis

Name of operation Blood Transfusion Date of 3-22-40

What test confirmed diagnosis? Examinations and autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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?
If so, specify Unknown

(Signed) W. A. German (H), M. D.

(Address) W. A. GERMAN, MD, Acting Manager
Veterans Administration Facility
Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANNEY, WITH UNFADING INK—THIS IS 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.

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RECEIVED
District Health Officer No. 8,
File Number
Date Filed

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

Robert Ray, Registered Apprentice No. 226

working under my personal supervision.

Signed Claude Richards

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.