

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17398**
Registrar's No. **1925**

Registration District No. **399**

Primary Registration District No. **1002**

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 115 Rainbow Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Luella Frias
3. (b) If veteran, Luella Frias name war no
3. (c) Social Security No. no

20. DATE OF DEATH: Month 5 day 6
year 1940 hour 2 minute 30 A. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Richard Frias 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased 7 27 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/27/40, 19 to 5/6/40, 19 ;
that I last saw her alive on 5/5/40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Meningitis Duration 2/27/40
Due to 79a

8. AGE: Years 39 Months 9 Days 9 If less than one day _____ hr. _____ min.

Other conditions _____
(include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy Ch. Meningitis

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Julius Lee Gordon
13. Birthplace Tennessee
14. Maiden name Hellen Smith
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Helena V. Davis
(b) Address 4. August Ave. K.C.
17. (a) Burial (b) Date thereof 5-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland
H. C. Sims & Co. Casket Co.
18. (a) Signature of funeral director J. W. Jones
(b) Address 440 State Ave. K. C. Mo.
19. (a) May 8, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature J. M. Brown (M. D. or other)
Address 1401 J. M. Blvd Date signed 5/6/40

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.....

Eugene English
working under my personal supervision.

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

Signed

Eugene English

Licensed Embalmer No. *4105*

P. O. Address *440 State Ave N.C.*

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.