

2  
0-39  
5-17-39  
-1 X21492

FILED AUG 14 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24198  
2808

Registration District No. 399 Primary Registration District No. 1002 State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution: K.C. General Hospital  
(d) Length of stay: In hospital or institution 1 day  
In this community Life

3. (a) PRINT FULL NAME George ELDON FRAME  
(b) If veteran, name war No. \_\_\_\_\_ (c) Social Security No. 650

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 27, 1940

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>5-</u>	<u>14</u>	hr. _____ min.

9. Birthplace K. C. Mo.

10. Usual occupation Only a child.

11. Industry or business \_\_\_\_\_  
12. Name Claude Frame,  
13. Birthplace Missouri  
14. Maiden name Rosy Munday  
15. Birthplace Arkansas.

16. (a) Informant Claude Frame, 35244 Wheeling,  
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof July 12th, 40  
(c) Place: burial or cremation Woodlawn, Indp. Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) July 12, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3244 Wheeling  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month July day 11th  
year 1940 hour 4:35 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 10th, 1940 to July 11th 1940  
that I last saw him alive on July 11th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death MARASMUS  
Duration 158  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy See above  
Underline the cause to which death should be charged statistically.

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, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Query P. Thon (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hosp., K.C. Mo. Date signed \_\_\_\_\_

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

**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

*Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *G. P. 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.**