

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31050**
3613

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 days** (Specify whether
In this community **No Record** 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")
0
(d) Street No. **1224 Penn St.** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Fry, J.E. James E.**
3. (b) If veteran, name war **Unk.** 3. (c) Social Security No. **Unk.**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **No Record**
6. (b) Name of husband or wife **No record** 6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **Jan 5 1871** (Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **3** If less than one day hr. min.

9. Birthplace **No O** (City, town, or county) (State or foreign country)

10. Usual occupation **9**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Record Clerk**

(b) Address **K.C. Gen. Hosp**

17. (a) **Funeral Home** (b) Date thereof **7/16/40** (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **Myrtle ...**

(b) Address **2315 ...**

19. (a) **Sept. 16, 1940** (Date received local registrar) **M. M. Krause** (Registrar's signature)

(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8th**
year **1940** hour **11** minute **45 A** M.
21. I hereby certify that I attended the deceased from **8-17-40**, 19____, to **9-8-40**, 19____;
that I last saw him alive on **9-8-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary emboli**
Due to **Carcinoma of pancreas with metastases to liver**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **46**

Major findings: Of operations _____
Of autopsy **See above**

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)
Means of injury **1**
23. Signature **Myrtle ...** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed **9-13-40**

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

MOTHER FATHER

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 Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address 1807 E 29

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.