

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6078

State File No.

FILED MAR 14 1941 1999
Registration District No.

Primary Registration District No. 1002

Registrar's No. 850

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:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 38 yrs
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")
(d) Street No. 1014 Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1941 hour 5 minute 55 AM
21. I hereby certify that I attended the deceased from since
1935, 19 , to Feb. 27, 1941
that I last saw him alive on Feb. 27, 1 PM, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior Coronary Occlusion

Due to Coronary Sclerosis

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Albert Earl Fraser

3. (b) If veteran, name war ----- 3. (c) Social Security No. 489-07-3301

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Bernice A Fraser 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 5, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Manager

11. Industry or business National Carloading Inc.

12. Name Louis P Fraser

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

14. Maiden name Laverol, Weltner

15. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Fraser

(b) Address 1014 Broadway K.C. Mo.

17. (a) Burial (b) Date thereof 3/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

--(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 2/28/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury D ms

23. Signature John Steinhilber (M. D. or other) ms
Address 1408 Wheeling St. signed 2-28-41

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

Dr. Ketchum
Waldheim Bldg.

OCT 10 1949

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.....

Dross Blanford

Licensed Embalmer No.....

4015

P. O. Address.....

414 State Line

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, fact should be so stated above.