

FILED AUG 16 1941 99

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-26-41-6-30-41
(Specify whether years, months or days) 22 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson **642**
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1510 Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME

Frances Neal

(b) If veteran, name war _____

(c) Social Security No. no

4. Sex Female ³ 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 22 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Maid

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Froman

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

14. Maiden name Unknown

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 7-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oswatome, Kans

18. (a) Signature of funeral director Thurman Greenstreet

(b) Address 1819 E. 11th St. Kansas City

19. (a) 7-1-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
year 41 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-26-41 to 6-30-41
that I last saw him alive on 6-30-41
and that death occurred on the date and hour stated above. 19-41

Immediate cause of death Hypostatic Pneumonia (Bronchial)

Due to Congestive Heart Failure
Due to Hypertensive Heart Disease

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

Major findings: _____
Of operations _____
Of autopsy Above Mentioned

Duration

PHYSICIAN

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? _____ (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 _____

23. Signature [Signature] (M. D. or other) 0
Address Gen. Hosp. #2 Date signed 7-1-41

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

Edward J. Evans

Licensed Embalmer No.

3836

P. O. Address

1819 E 15th St K.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, fact should be so stated above.