

FILED AUG 15 1941

Registration District No. 136

Primary Registration District No. 4090

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Harrisonville Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2202 1/2 Lexington Ave K. C. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Hazel Ferrese FRASSE

3. (b) If veteran, name war No. 3. (c) Social Security No. 486-26-1828

4. Sex Female 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 Nov. 17 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>18</u>				hr. _____ min. _____

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

10. Usual occupation Waiters

11. Industry or business _____

12. Name Raymond - Frasse

13. Birthplace Do not know.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hamner

15. Birthplace Indep. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas. Treccariche

(b) Address 2202 1/2 Lexington Ave.

17. (a) Burial (b) Date there July 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill K. C. K.

18. (a) Signature of funeral director Passantino Bro's.

(b) Address Kansas City Mo.

19. (a) 7/12/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

1843 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1941 hour 6 minute 10 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chest injury
Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - auto 019

(b) Date of occurrence July 10, 1941

(c) Where did injury occur? Highway 71 3 miles no. of here
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public highway - Collision light truck
While at work? no (Specify type of place) (e) Means of injury auto accident

23. Signature [Signature] (M. D. or other) 3

Address Harrisonville, Mo Date signed 7/17/41

MOTHER FATHER

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

19
1
0

048
3
8

170
27

(Coroner)

315

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 *Paul H. Rowe*

Licensed Embalmer No. *2347*

P. O. Address *H. C. 210*

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.