

FILED JAN 24 1942

Registration District No. 357

Primary Registration District No. 100

State File No.

Registrar's No. 4644

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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-7 to 12/13
3 years (Specify whether years, months or days) 0

In this community 0 years, months or days

3. (a) PRINT FULL NAME Amanda Palmer Frankel

3. (b) If veteran, name war None

3. (c) Social Security No. 510-09-9700

4. Sex Fe

5. Color or race Col

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

6. (b) Name of husband or wife Frank Frankel

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased November 3, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 10
If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER { 12. Name Andy Palmer

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

14. Maiden name Jennie Dawson

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

16. (a) Informant Elizabeth Caruthers

(b) Address 2317 Highland

17. (a) (Burial, cremation, or removal) removal

(b) Date thereof 12/15/41
(Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Tenn.

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) Dec. 15 1941 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

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. 2317 Highland
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec 6 - 1941 to Dec 13, 1941;
that I last saw him alive on Dec 13 - 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Paralysis

Due to

Due to

Other conditions 82a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy 200 -

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 L. W. Broke (M. D. or other) 0
Address 2028 Union State signed 12/14/41

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 *Isaac J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.