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K23139

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **4150 McGee**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **47 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Annie L. Fraser**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Fraser** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **March 17 1869** (Month) (Day) (Year)

8. AGE: Years 72	Months 9	Days 14	If less than one day hr. _____ min.
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9. Birthplace **Worcester, Mass.** (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

12. Name **John Starkie**

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

14. Maiden name **Mary Little**

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

16. (a) Informant **John Fraser**

(b) Address **4150 McGee K.C.Mo.**

17. (a) **Burial** (b) Date thereof **1-5-42** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C.Mo.**

19. (a) **Jan 2, 1942** (b) **M. M. Crowe** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4150 McGee** (If rural, give location)
 (e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **1st** year **1942** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 5** to **Jan 1** that I last saw **her** alive on **Jan 1** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary R. Myocardial Infarction - Transmural - Percutaneous perforation - Rupture - Retroperitoneal Hemorrhage - Thrombosis left iliac Artery**

Other conditions (include pregnancy within 3 months of death) **None**

Duration

3 yrs

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations **None** 50

Of autopsy **None**

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 **M. J. Owens** (M. D. or other) Address **Paul Kelly News** Date signed **1-2-42**

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 *Chas W. Wilks*

Licensed Embalmer No. *2644*

-P. O. Address.....

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.