

10-39
-39
K21492

State File No. _____

FILED FEB 11 1942

Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Lackawanna Co. Mo
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0
(c) City or town Cowgill (If outside city or town limits write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

8. (a) PRINT FULL NAME Lela Frazier

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

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced 1 divorced married

6. (b) Name of husband or wife Estlie 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 18 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Roberts

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

14. Maiden name Newton

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

16. (a) Informant Dean Frazier

(b) Address 11 W Winter St Rd

17. (a) Burial (b) Date thereof Jan 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill Mo

18. (a) Signature of funeral director Chas. Baker

(b) Address Cowgill Mo

19. (a) 1-25-42 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24
year 42 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1/21
1942 to 1/24, 1942
that I last saw her alive on 1/24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebellar hemorrhage

Due to Hypertension - Cardiac in origin

Due to 1937

Other conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Cerebellar hemorrhage

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 W F Trimble M.D. (M. D. or other)

Address Trinity Hosp K.C. Mo. Date signed 1/24/42

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

MOTHER FATHER

Duration

5 days

2 yrs.?

1937

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

C. M. D.

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.....

Licensed Embalmer No.....

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, above space should be left blank.