

FILED MAY 14 1942
3199

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1764

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 4

(c) City or town 1
(If outside city or town limits write "RURAL")

(d) Street No. 6520 E. 8th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 4

3. (a) PRINT FULL NAME Michael Edward Frye

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL 1400

20. DATE OF DEATH, Month April day 22
year 1942 hour 9 minute 15 A.M.

4. Sex male 5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr 27 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 22 1942 to May 3rd 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

7 hr. 0 min.

Immediate cause of death Prematurity

Due to Premature Birth

Other conditions (Include pregnancy within 3 months of death) 159

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

10. Usual occupation Inf

11. Industry or business

MOTHER FATHER

12. Name Joseph Edward Frye

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

14. Maiden name Claudia Jean Welch

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

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Jes Edward Frye

(b) Address 6520 E 8

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?

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

(c) Place: burial or cremation Green Lawn

While at work (Specify type of place) Means of injury

23. Signature Edmund J. Bly (M.D. or other)

Address 628 1/2 E 15th Date signed 5/24/42

18. (a) Signature of funeral director Edmund J. Bly

(b) Address 1-6 12th

19. (a) 5-5-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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.....

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, fact should be so stated above.