

FILED JUN 18 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2232

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: K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 7
(If outside city or town limits, write "RURAL.")
 (d) Street No. 1227 Harrison 0
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Frank Prevost
 3. (b) If veteran, name war none
 3. (c) Social Security No. 489-12-9754

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 6th
 year 1942 hour 12 minute 50 A.M.

4. Sex male 5. Color or race wh 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: Jan 18 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-20-42 19... to 6-6-42 19...
 that I last saw him alive on 6-6-42 19...
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>19</u>	hr. min.

Immediate cause of death
Bronchopneumonia; Internal Hydrocephalus
 Due to
 Due to 107

9. Birthplace Kansas city Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Salesman
 11. Industry or business Ex. Steer

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy
See above

MOTHER FATHER
 12. Name George Prevost
 13. Birthplace Don't know Conn 1
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Mollay
 15. Birthplace Don't know Ireland 7
(City, town, or county) (State or foreign country)

PHYSICIAN
 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?

16. (a) Informant Janis Prevost
 (b) Address 3627 Benton Blvd KC MO
 17. (a) Removal (b) Date thereof June 8-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Gabriel Cem KCK

While at work? (Specify type of place)
 (c) Means of injury 0
 23. Signature Dr. R. P. Thon (M. D. or other)
 Address Ed. Dir. K. C. Gen. Hospital Date signed

18. (a) Signature of funeral director Harry Butler
 (b) Address 22 S. 18th KC MO
 19. (a) 6-2-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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

48
3
8

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.....

Russell Dennis

Licensed Embalmer No.....

3462

P. O. Address.....

Kansas city, Kansas

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.