

FILED OCT 24 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3741

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:
1241 Huntington Road, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 36 years,
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Scott Frick,

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred C. Frick, 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased February 16 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 23 0 hr. min.

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

10. Usual occupation Housewife,

11. Industry or business X

MOTHER FATHER { 12. Name Thomas J. Scott,
13. Birthplace Unknown, (City, town, or county) (State or foreign country)
14. Maiden name Mary Wiley,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Fred C. Frick,
(b) Address 1241 Huntington Road, K. C., Mo.
17. (a) Entombed (b) Date thereof 10-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-12-42 (b) M. M. Brown
(Date received local registrar) (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. 1241 Huntington Road,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1942 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1941, to Oct 9, 1942
that I last saw h alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cervix + metastases
Carcinoma of cervix Duration 10 mos.
Due to Carcinoma of cervix 2 yrs.
Due to 4 1/2 yrs.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of cervix PHYSICIAN
Of operations Not done
Of autopsy Not done
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 Lawrence P. Eigel M.D. D. or other)
Address Playa Med Bldg Date signed 10-16-42

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

48
83

48
83

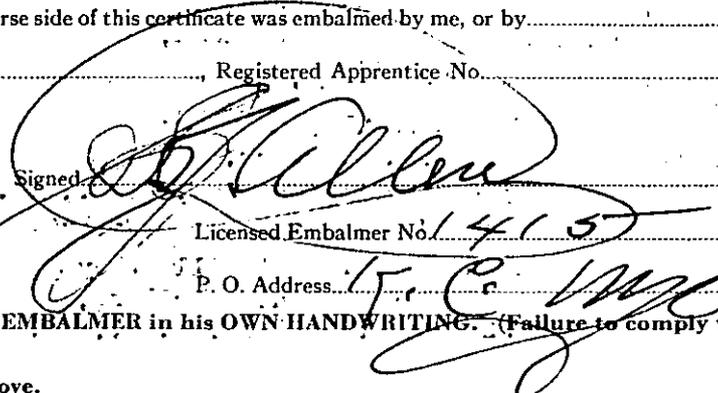
Dr. L. P. Engel,

1-30-22/111
Rt. 2a Bldg.

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. 1415

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.