

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1942
Registration District No. 199

Primary Registration District No. 1002

State File No. 4169
Registrar's No.

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

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:
Trinity Lutheran Hospital, 0
(If not in hospital or institution, write street number or location.)
(d) Length of stay: In hospital or institution 1 wk. (Specify whether
In this community 1 wk. years, months or days)

3. (a) PRINT FULL NAME Henry Fraker
(b) If veteran, name war no. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased 2-9-1832 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Charles Wesley Fraker

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

14. Maiden name unk

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

16. (a) Informant Mr. Farris,

(b) Address Garnett, Kansas,

17. (a) Removal (b) Date thereof 11-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garnett, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-9-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County 14
(c) City or town Garnett, 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1942 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from 11-2, 1942 to 11-7, 1942
that I last saw him alive on 11-7-42 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Following embolism
of left branch
Due to Chronic arteritis
causing gangrene of leg
Due to 99:1

Other conditions (include pregnancy within 3 months of death)
Major findings: Gangrene of leg
Of operations None
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 H. H. ... (M. D. or other)
Address 1025 Reilly Bldg Date signed 11-5-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Wickel
Wickel
Wickel

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address N. C. Mo

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.