

Filed Dec 28 1942
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4646

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: 1501 E 49th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 27

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. 1501 E 49th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Jacob D. Fromson

3. (b) If veteran, name war No

3. (c) Social Security No. 486-09-3034

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1942 hour 5 minute A. M.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Apr. 3, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him living and that death occurred on the date and hour stated above.

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

57 8 10 hr. min.

Immediate cause of death Coronary occlusion hardening of arteries

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) None

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

10. Usual occupation Salesman

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Mark Fromson

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

14. Maiden name Rachel

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

16. (a) Informant Leonard Fromson
(b) Address K. C. Mo

17. (a) Burial (b) Date thereof 12-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Mausoleum

18. (a) Signature of funeral director J. P. Louis Turner
(b) Address K. C. Mo

19. (a) 12-14-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature H. R. Williams (M. D. or other) _____

Address Burgart Park Date signed 12/14

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

MOTHER FATHER

11/11/42

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.....

A. L. Lewis

Licensed Embalmer No. *3110*

P. O. Address. *K. 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.