S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1084

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 463

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3438 Woodland Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ---------- In this community: 37 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City Missouri (If outside city or town limits, write "RURAL")

(d) Street No.: 3438 Woodland Ave (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs Nell FRAZIER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Mr Edgar Frazier

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: August (Month) 28 (Day) 1872 (Year)

8. AGE: Years 70 Months 5 Days 0 If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: Bryan O'Rourke

13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER

14. Maiden name: Bridget Kennedy

15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Mr Edgar Frazier

(b) Address: 3438 Woodland Ave., K.C.Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation: St Mary'S Cemetery

18. (a) Signature of funeral director: Mellody-McGilley

(b) Address: Kansas City Missouri

19. (a) 1-29-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from August 31, 1942 to 1/28, 1943 that I last saw alive on 1/28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage from lingual artery

Due to: Carcinoma of the tongue

Due to: 45B

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

Major findings: Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.

Address: 63 [illegible] Date signed: 1-28-43

(Licensed Embalmer's Statement on Reverse Side)

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. 2-999 KC

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.