

FILED MAY 6 1943
Registration District No. 149

Primary Registration District No. 1002

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether _____)

In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME MRS. GRACE FRISBIE
H.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Charles Frisbie

6. (c) Age of husband or wife if alive 2 years 1875

7. Birth date of deceased June 2 1875
(Month) (Day) (Year)

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

67	10	18	hr. min.
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9. Birthplace Pontiac Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Andrew J. Aney

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

14. Maiden name Clamena Lirble

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

16. (a) Informant Mr. Claude D. Aney

(b) Address Branson, Missouri

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof Apr. 22, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-22-43 (Date received local registrar)

(b) M. M. Brown (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. 824 West 40th Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1943 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from 4-1-43, 19____, to 4-20-43, 19____;
that I last saw her alive on 4-20-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease; acute and chronic myocardial infarction

Due to _____

Due to 94a

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

Major findings: Of operations _____

Of autopsy See above

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 D. R. Thom (M. D. or other) M. D.

Address Med. Dir. K.C. Gen. Hospital Date signed 4/21/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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..... *C. Harvey Jensenberry*
.....
Licensed Embalmer No..... *4070*
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.