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DEPARTMENT OF COMMERCE
BUREAU OF THE C[illegible]

FILED JUN 7 [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2251

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: Research Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Olathe 14 (If outside city or town limits, write "RURAL")

(d) Street No. 220 N. Walnut St 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Frank C. Paul

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Jennie

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

7. Birth date of deceased April (Month) 22 (Day) 1871 (Year)

8. AGE: Years 72 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation Harness maker

11. Industry or business retired.

FATHER
12. Name Samuel Paul
13. Birthplace Philadelphia (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Anna Clark
15. Birthplace Philadelphia (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Marguerite Paul Kilit

(b) Address 704 W. 11.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kans.

18. (a) Signature of funeral director W. M. Fryeson

(b) Address Olathe Kansas

19. (a) 5/15/43 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th. year 1943 hour 5 AM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to Carcinoma	
Due to Stomach	
Other conditions (Include pregnancy within 3 months of death) 46 B	

Major findings: Of operations Ca stomach

Of autopsy Yes = not finished

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 J G Montgomery (M. D. or other)

Address Profess Bldg. Date signed 5/15/43

361 (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 Martin W Frye, Registered Apprentice No. ....., working under my personal supervision.

Signed Martin W Frye

Licensed Embalmer No. 3615

P. O. Address Olathe, Kansas

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.