

FILED AUG 11 1943 149

Registration District No.

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:
5901 Wornall Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 Years (Specify whether years, months or days)

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. 5901 Wornall Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mr. Alfred Gold Frost

3. (b) If veteran, name war No 3. (c) Social Security No. 499-16-0514

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Leoti Nicholson Frost 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 1 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 27 hr. min.

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

10. Usual occupation Banker - Assistant Vice-President

11. Industry or business Commerce Trust Company

12. Name John E. Frost

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

14. Maiden name Margaret Elizabeth Kitchell

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

16. (a) Informant John W. Frost
(b) Address 23 E. 70th St

17. (a) Cremation (b) Date thereof July 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director D. W. Newcomer, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-30-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from March 18/42
July 28 1943 to July 28 1943;
that I last saw him alive on July 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Brain and brain circulation lower to be left lung

Due to pulmonary locomotory
Several arterio-venous

Other conditions (Include pregnancy within 3 months of death)
Major findings: 47c
Of operations

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 2

23. Signature P. P. Pauline (M. D. or other)
Address 135 Professional Bldg Date signed 8/29/43

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

MOTHER FATHER

Duration

14 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

1132 Professional Emb.
1:30.4:38

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. H. Newcomer Jr.*
Licensed Embalmer No. 4043
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.