S. No. 2
M—2-43
5-17
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30870

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3796

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 8 days (Specify whether
In this community 1 Mo. 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 87th and Raytown Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME DR. FREDERICK C. NARR

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Mrs. Jimmy Narr

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February (Month) 8 (Day) 1888 (Year)

8. AGE: Years 55 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Director Wm. Volker Clinic

11. Industry or business

FATHER
12. Name Henry Narr
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Jimmy Narr
(b) Address 87th & Raytown Road

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 9-2-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1943 hour 2: minute 05 A M.

21. I hereby certify that I attended the deceased from July 30, 1943, 19..., to Sept. 2, 1943, that I last saw him alive on Sept 1, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of rectum c̄ intestinal obstruction and metastasis	1 yr.
Due to	
Due to 46d	
Other conditions: Chronic Ulcerative Colitis (Include pregnancy within 3 months of death)	Years

Major findings:
Of operations
Of autopsy Carcinoma of rectum with metastasis.

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 Joseph E. Welker (M. D. or other) MD
Address 806 Prof. Bldg. Date signed 9/2/43

(Licensed Embalmer's Statement on Reverse Side) Kansas City Mo.

NOV 4 1940

NOV 3 1940

JAN 5 1959

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. R. Hauschild

Licensed Embalmer No. 459

P. O. Address. Kansas City 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.