

V. S. No. 2
FORM-2-43
5-17-39
I X35897

37261

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4905
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jan City
(c) Name of hospital or institution General O Hospital
(d) Length of stay: In hospital or institution 1-2 day
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kan City
(d) Street No. 921 1/2 East 12
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME DELORES-FRAZIER
(b) If veteran, name war 710
(c) Social Security No. 710

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 18
year 1943 hour 12⁰⁰ minute 17 M.
21. I hereby certify that I attended the deceased from
Deputy Coroner to Coroner.
that I last saw h. alive on 19...
and that death occurred on the date and hour stated above.

4. Sex FE 5. Color or race W
6. (a) Single, widowed, married, divorced, or single Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased No record (Month) (Day) (Year)

Immediate cause of death
Due to Third degree burns of entire body
Due to
Other conditions (Include pregnancy within 3 months of death) 18 1/2
Major findings: Of operations
Of autopsy Inspection of history
Underline the cause to which death should be charged statistically.

8. AGE: Years about 56. Months Days If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name No P
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name (City, town, or county) (State or foreign country) 9
15. Birthplace (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence Nov. 18, 1943
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Coroner's office
(b) Address Court House
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill
18. (a) Signature of funeral director H. Bergman
(b) Address 2315 Central Blvd
19. (a) 11-20-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

While at work No (Specify type of place) (b) Means of injury Fire
23. Signature D. E. Brown (M. D. or other) 11/19/43
Address 2315 Central Blvd Date signed

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

369

(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 *Harry C. Beyman*
Licensed Embalmer No. 2041
P. O. Address *7 E. 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.