

FILED MAY 23 1944
Registration District No. 199

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: **General Hospital**
(If not in hospital or institution, write street number or location)
Pronounced dead at General Hospital
(d) Length of stay: In hospital or institution **12 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. **1309 Benton Blvd.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Julia Grace Frakes**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

20. DATE OF DEATH: Month **May** day **13th.**
year **1944** hour **12** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **19** to **19**
that I last saw him **alive** and that death occurred on the date and hour stated above.
Deputy Coroner

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

6. (b) Name of husband or wife **Dr. J. E. Frakes** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **February 15th. 1900**
(Month) (Day) (Year)

8. AGE: Years **44** Months **2** Days **28** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **George W. Swearngin**

12. Name **George W. Swearngin**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sadie Martin**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. J. E. Frakes**
(b) Address **1309 Benton Blvd.**

17. (a) **Removal** (b) Date thereof **5-14-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c). Place: burial or cremation **Lincoln Missouri**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **Kansas City, Missouri.**

19. (a) **5-13-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Gunshot wound of head.**

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) **suicide**

(b) Date of occurrence **May 12, 1944**

(c) Where did injury occur? **Home, City**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **No** (Specify type of place) (e) Means of injury **gunshot**

23. Signature **A. C. Upsher** (M. D. or D.O.)
Address **221 Mcloy** Date signed **5/13/44**

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

164-e

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 Theron A. Redmon

Licensed Embalmer No. 2737

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.