No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17008

State File No. 2142

Registration District No. FILED MAY 25 1944

Primary Registration District No. 1002

Registrar's No.

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: St. Joseph Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3520 Indiana
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Loretto Frank

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife David

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

7. Birth date of deceased July (Month) 7 (Day) 1895 (Year)

8. AGE: Years 48 | Months 10 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Owner

11. Industry or business Frank Metal & Iron Co.

FATHER
12. Name Louis Harris
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Sarah Frank
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Marilyn Frank
(b) Address K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K.C. Mo.

19. (a) May 18, 1944 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 44 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May 15 ....., 19.... to ....., 19....; that I last saw her alive on May 15-44, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bowel obstruction	
Due to: Post-operative adhesions	
Due to: (Abdominal operation several years ago)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: as above	
Of autopsy	

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) None

(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 Vincent J. Williams (M. D. ~~or other~~)

Address 736 Argyle Blvd. Date signed May 16

(Licensed Embalmer's Statement on Reverse Side)

Dr. Thomas

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.....

Licensed Embalmer No. 3110

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.