

S. No. 2
DM-243
v. 5-17-39
1 X38697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40102**
Registrar's No. **5259**

FILED JAN 11 1945
149

Registration District No.

Primary Registration District No. **1002**

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

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: **K. C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether In this community **? unknown** 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. **308 N. White**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Frank Joseph Forness**

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

4. Sex **0 Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased. **Unknown**
(Month) (Day) (Year)

8. AGE: Years **About 51** Months Days If less than one day hr. min.

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

10. Usual occupation **Retired from W. P. A.**

11. Industry or business **None**

MOTHER FATHER

12. Name **Frank J. Forness**

13. Birthplace **Pa.**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Pite**
(City, town, or county) (State or foreign country)

15. Birthplace **Pa.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. A. C. Clark**

(b) Address **308 N. White**

17. (a) **Burial** (b) Date thereof **12/27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son,**
(b) Address **Kansas City, Mo.**

19. (a) **12-26-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **29** year **1944** hour **Corner** minute **6:50** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: **Fr. L. leg both bones below knee**
Due to **Crushed S. Chest**
Fr. L. humerus
Due to **auto mobile trauma**
Other conditions: **Auto + Pedestrian**
(Include pregnancy within 3 months of death)

Major findings: **none** Of operations **none** Of autopsy **see above**
Duration: **1700-8**
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) **accident 123**
(b) Date of occurrence **12/21/44**
(c) Where did injury occur **St. Joe & Blumstein**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None & no**

23. Signature **T. N. Owens** (M. D. or N.C.)
While at work? **No** (Specify type of place) (c) Means of transport **Auto driving**
Address **K. C. Mo.** Date signed **12/24/44**

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..... *H. D. Black*

Licensed Embalmer No.

P. O. Address.....

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.