V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1109

FILED FEB 6 1945

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 429

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: 4014 E 67th St TERRACE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----
In this community 25 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")

(d) Street No. 4014 E 67th St. TERRACE S. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------ 0

3. (a) PRINT FULL NAME Mrs. EDITH ERMA FRAKES

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. LUTHER WM. FRAKER

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MAY (Month) 4 (Day) 1884 (Year)

8. AGE: Years 60 Months 8 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace RUSHVILLE (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ------

FATHER
12. Name FRANK GARDNER
13. Birthplace UNKNOWN (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name SARAH BUNDY
15. Birthplace UNKNOWN (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant Mrs Ed Clark
(b) Address 207 W 74th Terrace

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-27-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 25TH year 1945 hour 4 minute 20P M.

21. I hereby certify that I attended the deceased from July, 1943, 19__, to January, 25, 1945 that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	14 hrs
Due to arterial hypertension	10 yrs
Due to 131 b	
Other conditions Coronary heart disease (Include pregnancy within 3 months of death) chronic nephritis	10 yrs

Major findings:
Of operations ✓
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) ✓
(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 V. W. Harvey (M. D. or other) D.O.
Address 406 Wirthman Bldg Date signed 1-26-45

(Licensed Embalmer's Statement on Reverse Side)

406 Weithman Bldg.
11-5-30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.