

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1112

State File No.

FILED JAN 26 1945
1749

Registration District No. Primary Registration District No. 1002

Registrar's No. 130

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:
1920 E. 29th STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 35 YEARS. 1 (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. 1920 E 29th STREET 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JAMES BROWNY FRISBIE, Sr.
3. (b) If veteran, name war NO
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8TH
year 1945 hour 8 minute 00 a.m.
21. I hereby certify that I attended the deceased from Jan 2, '45
1945, to Jan 8, 1945;
that I last saw him alive on Jan 8, 1945;
and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color of race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MINNIE FRISBIE
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased FEB. 15 1865
(Month) (Day) (Year)

Immediate cause of death
Decompensating myo-
carditis
Due to solar pneumonia
Due to
Other conditions (Include pregnancy within 3 months of death) 10

8. AGE: Years Months Days If less than one day
79 10 23 hr. min.

9. Birthplace MONTICELLO, KENTUCKY
(City, town, or county) (State or foreign country)
10. Usual occupation BAPTIST MINISTER
11. Industry or business RETIRED

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name ANDREW FRISBIE
13. Birthplace LINKIOWNY 9
(City, town, or county) (State or foreign country)
14. Maiden name TREMEYER MILLER
15. Birthplace LINKIOWNY 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MINNIE FRISBIE
(b) Address 1920 EAST 29th STREET
17. (a) BURIAL (b) Date thereof JAN-12-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM.

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?

18. (a) Signature of funeral director W. H. Newcomer, Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 1-10-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature J. P. Watt (M.D. or other)
Address 2603 E. 31st Date signed 1/9/45

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

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.....

A. C. Newcomer Jr.

Licensed Embalmer No. *4643*

P. O. Address. *A. C. Newcomer Jr.*

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.