

FILED FEB 9 1945

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1246 Swift Ave NOKemo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 10 mo

3. (a) PRINT FULL NAME SHARON-LOYCE-FRIKE

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

4. Sex Fr 5. Color or race Wln 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 Dec 29-1943
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation infant

11. Industry or business _____

12. Name Engene Frike

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

14. Maiden name Seraldine Mc James

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

16. (a) Informant Engene Frike

(b) Address 1246 Swift Ave - NOKemo

17. (a) Burial (b) Date thereof Jan-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cavalry Cem NOKemo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo

19. (a) Jan 9-1945 (b) John N. Hervey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town North Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1246 Swift
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1945 hour 11.30 minute A M.

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

Immediate cause of death Lobar pneumonia

Due to malnutrition

Due to Coronary disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: This child was a patient of _____
Of operations None Underline cause to which death should be charged statistically.
Of autopsy in mercy death malnutrition

22. If death due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) found dead in bed

(b) Date of occurrence Jan 7-1945

(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? _____

23. Signature John Morton (Specify type of place) (c) Means of injury Coroner

Address NO Kansas City Mo Date signed Jan 24 45

1021

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-25-44

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 John L. Morton

Licensed Embalmer No. 4749

P. O. Address 200 Keller

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.