

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

1528

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 139

FILED JAN 31 1946
Registration District No. 149

Primary Registration District No. 1002

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:
2202 East 13th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 20 years (Specify whether _____)

In this community _____

3. (a) PRINT FULL NAME Frank La Near

3. (b) If veteran, name war None

3. (c) Social Security No. 487-10-2084

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Oneida La Near

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 11, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>1</u>	<u>24</u>	hr. min.

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

10. Usual occupation Houseman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Maggie

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

16. (a) Informant Mary Bruner

(b) Address 2202 East 13th St.

17. (a) burial (b) Date thereof 1-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Dickinson Bros.

(b) Address 1729 Lydia

19. (a) 1-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2202 East 13th St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1946 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from May 2, 1945, to January 5, 1946
that I last saw him alive on January 5, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis

Due to Pneumonia & Bronchitis

Due to _____

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

Major findings: 942

Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dm Nigro (M. D. or other) M.D.
Address 925 Argyle Bldg N.E. C.M. Date signed 1/9/46

Duration: Immediate

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1083

Dr. Negro.

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.....

Laurence A. Jones
.....

working under my personal supervision

Registered Apprentice No. *378*

Signed.....

D. J. Mansone
.....

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.