

No. 2  
-5-43  
5-17-39  
I X36671

**FILED JUL 31 1946**

Registration District No. **100** 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:  
**3417 Montgall Kansas City, Mo.!**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **60 years**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME Mrs. Jane FRASER**  
 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 **William Fraser**  
 6. (c) Age of husband or wife if alive **89** years  
 7. Birth date of deceased **June 2, 1861**  
(Month) (Day) (Year)

**8. AGE:** Years **85** Months **1** Days **22**  
If less than one day hr. min.

**9. Birthplace Dunlapville Indiana**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation Housewife**  
**11. Industry or business Home**

**MOTHER FATHER**  
 { **12. Name Michael Geraughty**  
**13. Birthplace Unknown Ireland**  
(City, town, or county) (State or foreign country)  
**14. Maiden name Unknown**  
**15. Birthplace Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant William Fraser**  
**(b) Address 3417 Montgall K.C. Mo.**  
**17. (a) Burial** (b) Date thereof **7-16-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **St. Marys Cemetery**

**18. (a) Signature of funeral director Melody-McGilley-Eylar**  
**(b) Address 1800 Linwood Blvd, K.C. Mo.**  
**19. (a) 7-15-46** (b) **Heraldine 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. **3417 Montgall**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **14** th  
 year **1946** hour **2** minute **00** A. M.  
**21. I hereby certify that I attended the deceased from July 10, 1946 to July 13, 1946 that I last saw her alive on July 13, 1946 and that death occurred on the date and hour stated above.**

Immediate cause of death **Cerebral thrombosis**  
 Duration **82 Hr**

Due to **Serivility**  
 Other conditions **gca!**  
(Include pregnancy within 3 months of death)  
 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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** \_\_\_\_\_ (M. D. or other)  
 Address **1237 Pauff Blvd** Date signed **7/15/46**

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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

*Ben E. Heck*

Licensed Embalmer No.

*4063*

P. O. Address

*Kansas City, 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.