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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. 1105
344

FILED FEB 5 1947

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No.

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: Lake Side Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Day (Specify whether years, months or days)
In this community: 15 yrs.

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.: 2840 Bellevue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

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3. (a) PRINT FULL NAME: Frank Joseph Getty
3. (b) If veteran, name war: no
3. (c) Social Security No.: 514-03-0262
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stella Getty
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: May (Month) 2 (Day) 1883 (Year)
8. AGE: Years 64 Months 8 Days 22 If less than one day hr. min.
9. Birthplace: (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Tool & Die
11. Industry or business: Retired
MOTHER FATHER
12. Name: Chris Getty
13. Birthplace: (City, town, or county) Ks. (State or foreign country)
14. Maiden name: Barbara Vogle
15. Birthplace: (City, town, or county) Ks-1 (State or foreign country)
16. (a) Informant: Stella Getty
(b) Address: 2840 Bellevue
17. (a) 1-24-47 (Burial, cremation, or removal) (b) Date thereof 1-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Topeka Ks.
18. (a) Signature of funeral director: Mrs C R Foster
(b) Address: 918 Brooklyn
19. (a) 1-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1947 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from December 26, 1946, to January 24, 1947, that I last saw him alive on January 24, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Dying advanced Carcinoma of stomach with complete Gastrojejunal obstruction by esophagus. — Duration: Indefinite

Due to: Contributing cause - Exploratory operation.

Due to:

Other conditions: Anemia 4 lb (Include pregnancy within 3 months of death)

Major findings: Of operations: Involvement of cardia of stomach - esophagus, small intestine & one third of liver.

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: 2

23. Signature: H. E. R. Deegan (M. D. or other) MD
Address: 1330 East 28th St Date signed: 1-24-47

(Licensed Embalmer's Statement on Reverse Side)

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 L. A. Nice

Licensed Embalmer No. 2570

P. O. Address K. C. 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.