

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9011**
Registrar's No. **1360**

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: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **10 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Lyon**
(c) City or town **Emporia**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unknown**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Frank M. Dean**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **# unknown** 6. (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased **August 17 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **7** If less than one day hr. min.

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

10. Usual occupation **Janitor**
11. Industry or business **Emporia State Teachers College**

MOTHER FATHER
12. Name **Robert Austin Dean**
13. Birthplace **Mary Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Veach Steele**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records**
(b) Address **St. Lukes Hospital**
17. (a) **Removal** (b) Date thereof **3-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Emporia, Mo.**

18. (a) Signature of funeral director **H.C. Fulton**
(b) Address **1319 North 18th St. Kansas**

19. (a) **3-24-47** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **24**, mon
year **1947** hour **1 A.M.** minute M.

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

Immediate cause of death **Congestive heart failure**
Due to **myocardial infarction, old**
Due to **coronary thrombosis, old.**

Other conditions (include pregnancy within 3 months of death) **94a**
Major findings: Of operations _____
Of autopsy **myocardial infarction**

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 **Henry Patlogi** (M.D.)
Address **St. Lukes Hospital** Date signed **3-24-47**

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.....

J. J. Seers

Licensed Embalmer No.

3505

P. O. Address.....

McKinnon

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.