

No. 2  
-12-45  
5-17-39  
X47070

FILED APR 14 1947

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1528

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:  
General Hospital No. 1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 mos. 17 days  
(Specify whether)

In this community 60 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson 48

(c) City or town... Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
0

(d) Street No... 415 Manchester  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Frank Georske

3. (b) If veteran, name war no

3. (c) Social Security No. 497-14-0648

4. Sex male 0

5. Color or race white

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. January 10 1887  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
60	2	21		

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

10. Usual occupation retired-Inspector

11. Industry or business Penrod Jurdan & Clark

12. Name Frank Georske

13. Birthplace St Joseph Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Etta Lerwood

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

16. (a) Informant T.F. Georske

(b) Address 1100 Haworth Rd

17. (a) Burial (b) Date thereof 4-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 4-2-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from  
Jan. 14 1947 to April 1 1947  
that I last saw him alive on April 1 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia-Carcinoma  
of tongue

Duration

Due to.....

Due to.....

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

Major findings:  
Of operations..... 45

Of autopsy See above

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) (c) Means of injury.....

23. Signature Wm W. Hart (M. D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 4-2-47

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

*Dr. J. H. Williams*

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**