

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9342
Registrar's No. 1192

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 1
(d) Length of stay: In hospital or institution 1 day 1 1/2 hrs
In this community 35 years

3. (a) PRINT FULL NAME Frank Rendon
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 Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 3 1885

8. AGE: Years 61 Months 8 Days 4

9. Birthplace Missouri

10. Usual occupation Saddler

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Record Clerk
(b) Address K. C. General Hosp. #1
17. (a) Burial (b) Date thereof 3-14-47
(c) Place: burial or cremation Mt. Calvary K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Mo.
19. (a) 3-15-47 (b) Signature of Registrar

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 613 Main
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 6 1947 to March 7 1947
that I last saw him alive on March 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lung

Due to
Due to
Other conditions
Major findings: None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of Physician W. W. Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp Date signed 3-8-47

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

Dr. King

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..... *Blaine E. Weichert*
Licensed Embalmer No. *4075*
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.