S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29919

Primary Registration District No. 1002

Registrar's No. 3813

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: LONG NURSING HOME 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK (Specify whether years, months or days)

In this community 27 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48 3

(c) City or town: KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 1441 INDEPENDENCE AVENUE 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MR. FRANK W. PICK

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: MALE 1

5. Color or race: WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: WIDOWED 2

6. (b) Name of husband or wife: MRS. DORA PICK

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: JULY (Month) 19 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
90	1	26	hr. min.

9. Birthplace: DEUSELDORF (City, town, or county) GERMANY 4 (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: FARMING

FATHER
12. Name: UNKNOWN PICK
13. Birthplace: (City, town, or county) GERMANY (State or foreign country) 4

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant: Mrs. Dora Pick

(b) Address: Harrisburg, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: D.W. Mycomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 9-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 15 year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9-12, 1948 to 9-15, 1948 and that I last saw him alive on 9-14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral bronchial pneumonia	5 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 107
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) MD

Address: [illegible] Date signed 9/16/48

(Licensed Embalmer's Statement on Reverse Side)

Lee Summit, Mo.

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 D. P. Nofsinger

Licensed Embalmer No. 3938

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.