

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

FILED OCT 19 1948

State File No. _____

Registration District No. 158

Primary Registration District No. 5572

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson County Home for Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 yr. 9 mo. 29 da
(Specify whether years, months or days)

In this community 51 yr

3. (a) PRINT FULL NAME FRED, FRANK

3. (b) If veteran, name war -7-

3. (c) Social Security No. P-

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 7 3 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 5
If less than one day hr. _____ min. _____

9. Birthplace Merberg Germany
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

MOTHER FATHER

16. (a) Informant Jackson Co. Home Records

(b) Address Rt. #4, Indep. Mo.

17. (a) Anatomical (b) Date thereof 10-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. College of Oct & Sing

18. (a) Signature of funeral director L. B. Langsford

(b) Address Lee Summit Mo.

19. (a) OCT. 9, 1948 (b) Donald C. Emswarter
(Date received local registrar) (Registrar's signature) 278

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 572 Main
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1948 hour 5 minute 9 A. M.

21. I hereby certify that I attended the deceased from Oct 4 1948 to Oct 8 1948
that I last saw him alive on Oct 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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)

(e) Means of injury 0

23. Signature J. H. Seave (M. D. or other) _____

Address Lee Summit Mo. Date signed 10/8/48

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..... *W. B. Ramseyford*

Licensed Embalmer No..... *3833*

P. O. Address..... *Leis Summit*

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.