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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

36825

FILED DEC 11 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4791

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:
Corner 28th & Prospect 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution _____ (Specify whether
In this community 38 years _____ (Specify whether
years, months or days)

3: (a) PRINT FULL NAME FRANK C. RECKE
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace St Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Electrician

11. Industry or business X

MOTHER FATHER { 12. Name Ferdinand Recke 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 5
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Mae Recke

(b) Address 3822 E. 60th Terr K. C. Mo

17. (a) Burial (b) Date thereof Nov 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 11-23-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2629 East 28th 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 22
year 1948 hour 5 minute 00 P. M.
21. I hereby certify that I attended the deceased from May 14 1948
to Nov 22 1948
that I last saw him alive on _____, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary Occlusion Swollen
Coronary Arteriosclerosis Both
Due to _____
Due to Hardened Coronary Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations g.s.d.
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?

F. Stanley Morest (Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature F. Stanley Morest (M. D. or other) _____
Address 1512 Professional Bldg Date signed 11/24/48

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

Dr. F. Stanley Morest
Professional Bldg.

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 *Chas E Wilks*.....

Licensed Embalmer No *2644*.....

P. O. Address *H.C. 2MO*.....

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.