

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

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 338

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution:  
634 East 3rd /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 634 East 3rd  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK BENJAMIN LESS

3. (b) If veteran, name war None

3. (c) Social Security No. 702-18-5622

4. Sex M. Color or race W.

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

6. (b) Name of husband or wife Lenora

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased January 30, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 9 21 hr. min.

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

10. Usual occupation Carman

11. Industry or business Mo. Pacific Railroad

MOTHER FATHER

12. Name Henry W. Less

13. Birthplace Jamestown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Agertter  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lenora Less

(b) Address 634 E. 3rd, Sedalia, Missouri

17. (a) Burial (b) Date thereof 11-23-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamestown, Missouri

18. (a) Signature of funeral director O. W. Keckart

(b) Address 903 S. Ohio, Sedalia, Missouri

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

(c) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21  
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 20, 1947 to Nov 21, 1948  
that I last saw him alive on Nov 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Brights  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 12/18

Duration \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Boyer (M.D. or other) \_\_\_\_\_

Address Sedalia Mo Date signed 11-22-48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-2-48

DEC 7 1948

FEB 14 1951

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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.