

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1470
193

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5811 Highland Avenue		d. STREET ADDRESS (If rural, give location) 5811 Highland Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) L. c. (Last) WIMMER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1949		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-6-84		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car accountant			10b. KIND OF BUSINESS OR INDUSTRY Railway Express			11. BIRTHPLACE (State or foreign country) Olathe, Kansas			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME Anthony Wimmer			13b. MOTHER'S MAIDEN NAME Margaret Armbruster			14. NAME OF HUSBAND OR WIFE Margaret A. Wimmer		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 714-07-1164		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret A. Wimmer, 5811 Highland		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 hrs ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 4207					
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19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 2 1948**, to **Jan 14, 1948**, that I last saw the deceased alive on **Jan 14, 1949** and that death occurred at **8 1/2 m.** from the causes and on the date stated above.

23a. SIGNATURE J. Paul Frick <i>J. Paul Frick</i>		(Degree or title) M.D.		23b. ADDRESS 800 Prof Bldg		23c. DATE SIGNED 1-15-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 1-15-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Frueh,
No. 1197
Prof. B. G. L. G.
Attn: 1100 S. 1st

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Allen E. Heck

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4063

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.