

No. 300
19-48

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4559**

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>5 mo. 11 da.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		999	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>O' Reilly VA Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1513 Georgia</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>Solomon</u>	c. (Last) <u>KING</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>March 1, 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct 21 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat wrapper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wilson Packing Co</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George E. King</u>	13b. MOTHER'S MAIDEN NAME <u>Janie Tickmeyer (Tickmeyer)</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW One</u>	16. SOCIAL SECURITY NO. <u>515-14-7839</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, O'Reilly VAH, Spfld., Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Min.)	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 Sept 21-48, 1948, to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Elsie, M.D. Clinical Director</u>	23b. ADDRESS <u>O'Reilly VAH, Springfield, Mo.</u>	23c. DATE SIGNED <u>3-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>March 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>???</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>3/1/49</u>	REGISTRAR'S SIGNATURE <u>W E Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 3 1949

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 Bernard F. Wright

Signed _____
Student Embalmer

Licensed Embalmer No. 42930

P. O. Address Springfield, Vt.

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.