

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12397

BIRTH NO. 41828-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1704

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. LENGTH OF STAY (in this place) 2 DAYS			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 5524 Woodland ST. JOSEPH'S HOSPITAL					
3. NAME OF DECEASED (Type or Print) MARILYN		a. (First)		b. (Middle) ANN		c. (Last) FRAAS		4. DATE OF DEATH (Month) (Day) (Year) APRIL 16, 1949	
5. SEX female 3		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0		8. DATE OF BIRTH April 14, 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME CHARLES J. FRAAS			13b. MOTHER'S MAIDEN NAME FRANCES PARISH			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles J. Fraas 5524 WOODLAND					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral pulmonary atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Birth by caesarian section DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 762 ^D						INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 4-14, 1949, to 4-16, 1949, that I last saw the deceased alive on 4-16, 1949, and that death occurred at m., from the causes and on the date stated above.									
23a. SIGNATURE F. P. Niedermeyer (Degree or title) F. P. Niedermeyer, M.D.				23b. ADDRESS 5910 McBee Kansas City, Mo.			23c. DATE SIGNED April 16, 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE April 18, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 4-18-49		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE Frank J. Sobin		ADDRESS 20 W. Linwood			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Maudie Adair

Signed
Student Embalmer

Licensed Embalmer No. 4016

P. O. Address 20 W. Linwood

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.