

FILED MAY 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. **15938**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1988

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 OR TOWN Kansas City) c. LENGTH OF STAY (in this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nursing Home 1310 E. Armour		d. STREET ADDRESS (If rural, give location) 1/4 mi. east 71 Hi Way	

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) R.	c. (Last) Idol	4. DATE OF DEATH (Month) (Day) (Year) May 4, 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 May 17, 1876	9. AGE (In years last birthday) Months Days 72	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. carpenter	10b. KIND OF BUSINESS OR INDUSTRY Gen. Building	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joseph M. Idol	13b. MOTHER'S MAIDEN NAME Eunice Weiss	14. NAME OF HUSBAND OR WIFE Dora Idol
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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. --	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Idol, Grandview, Mo.	ADDRESS Grandview, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (b) cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) (c) pneumonia hypostatic DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

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 July, 19 48 to May 4, 19 49 that I last saw the deceased alive on May 4, 19 49, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE S. D. Hoepfer M. D.	23b. ADDRESS Grandview, Mo.	23c. DATE SIGNED 5-5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE May 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	24d. LOCATION (City, town, or county) (State) Belton, Missouri
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DATE REC'D BY LOCAL REG. 5-6-49	REGISTRAR'S SIGNATURE G. Waldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons, Grandview, Mo.	ADDRESS
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(Licensed to Funeral Home'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.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

as heart failure, asmenia, etc. It means the disease, injury, or complication which caused death.

rise to the above cause, or the underlying cause last.

DUE TO (a) new record 5-9-49

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 NO 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)

Jackson Mo.21d. TIME
OF
INJURY

(Month) (Day) (Year) (Hour)

m.

21e. INJURY OCCURRED
WHILE AT NOT WHILE
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE S. D. Hooper

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL CREMA-
TION REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

5-6-49Geraldine HooperE. K. George and Sons, Grandview, Mo.

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.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3675

P. O. Address Grandview, 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.