

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

16731  
 State File No. \_\_\_\_\_  
 2050  
 Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2050</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>KANSAS CITY</u> )		c. LENGTH OF STAY (in this place) <u>non resident</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GASHLAND</u>		<u>0240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u>		b. (Middle)		c. (Last) <u>FROMMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 17, 1872</u>	
9. AGE (In years last birthday) <u>78 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUILDING MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIVESTOCK EXCHANGE</u>		11. BIRTHPLACE (State or foreign country) <u>GALVESTON, TEXAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Christian FROMMER</u>		13b. MOTHER'S MAIDEN NAME <u>GREEN</u>		14. NAME OF HUSBAND OR WIFE <u>KATHARINE FROMMER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-06-5035</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katharine Frommer, Gashland Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma head of Pancreas</u>  ANTECEDENT CAUSES <u>t. Chantien + dehydration</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Chantien + dehydration</u>  DUE TO (c) <u>Cerebral Hemorrhage Hypertension - arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>  <u>157 1/2</u>  <u>5 mo 15 yr.</u>	
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) (Min)		21e. INJURY OCCURRED WHILE AT 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 <u>Aug 1948</u> , to <u>5-2 1950</u> , that I last saw the deceased alive on <u>5-1 1950</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Leitz</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1530 Pring Bldg.</u>		23c. DATE SIGNED <u>5-3-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>MAY 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-4-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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

1530  
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**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: *D. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address: *Texas City, Tx*

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.