

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37330

4891

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. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 918-E-9TH				d. STREET ADDRESS (If rural, give location) 918 EAST 9TH 3/33			
3. NAME OF DECEASED a. (First) FRANK			b. (Middle) WORK MAN		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1950							
5. SEX MALE		6. COLOR OR RACE WMT.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG 27 1853	
9. AGE (In years last birthday) 97		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10 YEARS		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SPRINGFIELD, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME UNKNOWN WORKMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WORKMAN HANNAH MALONEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. ALONE BEEDLE - 3409 PASEO, K.C. MO.			
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) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420-1			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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 Sept 12, 1948, to Nov 19, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 10:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Joseph W. Parker Jr. (Degree or title) Joseph W. Parker Jr. M.D.				23b. ADDRESS 2603 E 31st St. K.C. Mo.		23c. DATE SIGNED 11-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-21-50		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.	
DATE REC'D BY LOCAL REG. 11-20-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Neumann's Sons 1331 Dutch Creek K.C., Mo.			

(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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.