

FILED MAY 19 1951 STANDARD CERTIFICATE OF DEATH

State File No. **16613**
1878

BIRTH NO. _____ REG. DIST. NO. **189** 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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 38 West 74th Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) G. c. (Last) JANNER			4. DATE OF DEATH (Month) (Day) (Year) April 30, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 10, 1903		9. AGE (In years last birthday) 48		10. F UNDER 1 YEAR 11. F UNDER 1 MIN. 12. F UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supervisor		10b. KIND OF BUSINESS OR INDUSTRY SW Bell Tele. Co.		11. BIRTHPLACE (State or foreign country) Quincy, Illinois	
13a. FATHER'S NAME George T. Janner				13b. MOTHER'S MAIDEN NAME Gertrude J.	
14. NAME OF HUSBAND OR WIFE Mary E. Janner				15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 486-03-0010				17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Janner, 38 W. 74th Terr, KC, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		DUE TO (b) Arteriosclerotic heart disease				1-2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Burger disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Burgeness of Right foot				year	
19a. DATE OF OPERATION 4-28-51		19b. MAJOR FINDINGS OF OPERATION as above				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)		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 1945 , to 4-30 , 19 51 , that I last saw the deceased alive on 4-30 , 1951, and that death occurred at 3:40 PM , from the causes and on the date stated above.					
23a. SIGNATURE John T. Skinner MD			23b. ADDRESS J.C. 6 MO		23c. DATE SIGNED 4-30-51
24a. BURIAL, CREMATION, REBURIAL (Specify) Burial		24b. DATE 5-2-51	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 5-1-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	
				ADDRESS Kansas City, 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.

Student Embalmer No.

Signed

Max A. Turkendell

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *A.C. 7th*

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.