

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4981

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No. 978	
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 OR TOWN KANSAS City		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN KANSAS City		3110	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1223 JEFFERSON				d. STREET ADDRESS (If rural, give location) 1223 JEFFERSON			
3. NAME OF DECEASED (Type or Print) ANNA			b. (Middle) E		c. (Last) FRYMAN		4. DATE OF DEATH (Month) (Day) (Year) 2-28-52
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 25, 1890		9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife + Maid		10b. KIND OF BUSINESS OR INDUSTRY Hotels + Clubs		11. BIRTHPLACE (City and State or Foreign Country) CANTON, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Smith			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Lloyd P. Fryman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 495-24-3212		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd P. Fryman, 1223 JEFFERSON, K.C.M.			
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						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	ANTECEDENT CAUSES						years
DUE TO (b) Arteriosclerosis	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						years
DUE TO (c) Hypertension	II. OTHER SIGNIFICANT CONDITIONS						4201
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 <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 2-16, 1952, to 2-28, 1952; that I last saw the deceased alive on 2-27, 1952, and that death occurred at 1:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Frank T. Mackovec (Degree or title) Frank T. Machovec, D.O., J.				23b. ADDRESS 216 Fairfield Ave.		23c. DATE SIGNED 3-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-1-52	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS City Mo.		
DATE REC'D BY LOCAL REG. 3-1-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weiker's: 6900 Troast Ave.			

(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.

Student
Student Embalmer

Signed B. C. Weibert

Licensed Embalmer No. 4075

P. O. Address P. C. S. 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.