

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1431

FILED FEB 9 1953

State File No. 72
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>61 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		2108	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>443 South MONTGALL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>			b. (Middle) <u>-</u>		c. (Last) <u>FRANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6-1953</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE: <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 27-1897</u>	
9. AGE (in years) (last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BELGIUM 4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ACHILLUS FRANS</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Achillus FRANS</u> ADDRESS <u>443 S. MONTGALL K. C. 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>Sarcoma a. Vascis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
ANTECEDENT CAUSES DUE TO (b) <u>osteogenic Sarcoma</u>						Unknown	
DUE TO (c) <u>Fractured left arm</u>						F 2 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Coronary Sclerosis</u>						Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1961</u>					
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 <u>July 1892</u> , to <u>Jan 6, 1953</u> , that I last saw the deceased alive on <u>JAN 5, 1953</u> , and that death occurred at <u>2:25 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. A. Kienberger</u> (Degree of title) <u>MD</u>				23b. ADDRESS <u>5242 1/2 W. 13th</u>		23c. DATE SIGNED <u>1-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARYS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
DATE RECD BY LOCAL REG. <u>1-7-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FEDERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman</u>		ADDRESS <u>San Inc. K. C. Mo.</u>	

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

FEB 21 1958

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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address R. C. H. H. H. H. H.

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.