

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27638**
Registrar's No. **3977**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 town) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2329 Park</u>		STREET ADDRESS (If rural, give location) <u>2329 Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Rembert, Sr.</u> c. (Last) <u>39</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 10, 1954</u>		
5. SEX <u>2</u> <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 10, 1892</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 2 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marian, Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Cualie Rembert</u>		13b. MOTHER'S MAIDEN NAME <u>Susie King</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie Lee Rembert</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>495-05-7658</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosie Lee Rembert 2329 Park</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac hypertify</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 Yrs.</u> <u>10 Yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4407</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		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 July 16, 1954, to Aug. 10, 1954, that I last saw the deceased alive on Aug. 10, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. F. Walls</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>2628 Troost</u>		23c. DATE SIGNED <u>8-14-54</u>	
-----------------------------------------------------------------	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
------------------------------------------------------------	--	--------------------------	--	-------------------------------------------------------------	--	-----------------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>8-16-54</u>		REGISTRAR'S SIGNATURE <u>Weldene Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waters Bros. 18th & Benton</u>	
-----------------------------------------	--	--------------------------------------------	--	-----------------------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Waller

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.....
Signature of Student Embalmer

Signed..... *Bruce R. Nathaniel*

Licensed Embalmer No. *459*

P. O. Address *18th & Beal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.