

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33892**
4806

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) KANSAS CITY	c. LENGTH OF STAY (in this place) 25 YRS.	c. CITY OR TOWN KANSAS CITY	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 1209 CENTRAL STREET		STREET ADDRESS (If rural, give location) 422 GRAYSTONE APARTMENTS 3027 TROOST AVENUE	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JESSE	b. (Middle)	c. (Last) FRANZMATHES	(Month) OCTOBER	(Day) 14	(Year) 1954

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MARCH 14 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY MUNICIPAL Auditorium		11. BIRTHPLACE (City and State or Foreign Country) Smith Co. KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME WILLIAM FRANZMATHES		13b. MOTHER'S MAIDEN NAME UNKNOWN - PASTOR		14. NAME OF HUSBAND OR WIFE PEARL FRANZMATHES	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-10-6019	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANN BELL, SMITH CENTER, KS.			
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemiplegia resulting from ruptured aneurysm of abdominal aorta			INTERVAL BETWEEN ONSET AND DEATH 451X	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis				
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:00A.m.**, from the causes and on the date stated above.

23a. SIGNATURE G. C. Keahner (Degree or title)		23b. ADDRESS 6627 Prospect Blvd		23c. DATE SIGNED 10-14-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE NOV. 15 1954	24c. NAME OF CEMETERY OR CREMATORY SMITH CENTER, KANSAS		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 10-16-54	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.V. Neocomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		
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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, ~~on~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ernest D. Goldsnow*.....

Licensed Embalmer No. *4714*

P. O. Address *K. C. M.*

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.