

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13385

State File No. _____

FILED MAY 10 1956

1795

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) OR TOWN Kansas City		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"/>
c. LENGTH OF STAY (In this place) 18 1/2		e. STREET ADDRESS (If rural, give location) 405 W. 12	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) Frank	a. (First) _____	b. (Middle) A.	c. (Last) McGee	4. DATE OF DEATH (Month) (Day) (Year) 4 23 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 1 WIDOWED, 2 DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-14-1897	9. AGE (In years) (Month) (Day) 59	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Hours _____	IF UNDER 15 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Armour, Pk. Co.	11. BIRTHPLACE (City and State or Foreign Country) Indep. Kan.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME "Dad"	13b. MOTHER'S MAIDEN NAME "Dad"	14. NAME OF HUSBAND OR WIFE "Dad"
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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. "Dad"	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Record Clerk: K.C. Co. Hwy #1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		DUE TO (b) _____		491X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
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 type="checkbox"/> NO <input checked="" 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)	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 April 23, 1956, to April 23, 1956, that I last saw the deceased alive on April 23, 1956, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 4-24-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 4-25-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) Independence, Kan.
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DATE REC'D BY LOCAL REG. 4-25-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B.C. Walnut, K.C. & Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Oct 18 1953

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..... *B. E. Weir*

Licensed Embalmer No. *407*

P. O. Address *K.C. 8*

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.