

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

28616

3923

FILED AUG 27 1953

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

Registrar's No.

3923

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) 50 yrs.		e. STREET ADDRESS (If rural, give location) 708 WEST 14TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Belle		b. (Middle) BLANCHE	c. (Last) Frain
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JULY 6 - 1872
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	9b. KIND OF BUSINESS OR INDUSTRY ...	11. BIRTHPLACE (City and State or Foreign Country) LOREN, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WYCKLIFF WILCOX		13b. MOTHER'S MAIDEN NAME LOUISE RED	
14. NAME OF HUSBAND OR WIFE CHARLES H. FRAIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. H.C. HARDESTER		ADDRESS 208 W. 72ND ST. KANSAS CITY, MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) m.		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 May 11, 1953, to August 5, 1953, that I last saw the deceased alive on August 5, 1953, and that death occurred at 5:50 P.M., from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns MD		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 8-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 8 - 1953	
24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 8-7-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE O.W. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

50 314 125

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 *Albert L. Savage*.....

Licensed Embalmer No. *4812*

P. O. Address *Kansas*.....

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.