MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUL 10 1937

File No. 22798

Registered No. 22798

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Rur — Primary Registration District No. 1002
City Kansas City (No. St. Lukes Hospital St. Ward)

2. FULL NAME Rose J. Freeman

(a) Residence, No. 4519 State Line St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George R. Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
35	47	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Wm. L. Keppler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Ann Tuttle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT George Freeman
(ADDRESS) 4519 State Line

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE June 18, 1937

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED 6/16, 1937 M. J. Corcoran
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 6/2/37, 19..., to 6/15/37, 19...

I last saw h. alive on 6/10/37, 19... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock (operative)	6/14/37
46	

Other contributory causes of importance: Carcinoma Sigmoid — 6 mo.

Name of operation Abdominal Sigmoid Date of 6/14/37

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Kirkham, M. D.

(Address) 15th Pent-Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH INDELIBLE INK. THIS IS A PERMANENT RECORD

Dr Harold R Kahn
Professional Bldg -