

REC'D JAN 7 1939

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

41922  
Do not use this space.

1. PLACE OF DEATH  
 (a) County JACKSON 3 Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002  
 (c) City KANSAS CITY (d) Street No. 5841 CHARLOTTE St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME MRS KATHARINA MOHR FREILINGER  
 (a) Residence, No. 309 - EAST 66<sup>TH</sup> STREET TERRACE (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MATHEW FREILINGER  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 22, 1857  
 7. AGE YEARS 81 MONTHS 10 DAYS 1 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. AT HOME  
 9. Industry or business in which work was done, as 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) GERMANY

FATHER 13. NAME CLEMENTS MOHR

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

MOTHER 15. MAIDEN NAME KATHYRN HERRE

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

17. INFORMANT MR J. P. FREILINGER  
(ADDRESS) 309 - EAST 66<sup>TH</sup> ST. TERRACE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARY'S DATE DECEMBER 26, 1938

19. FUNERAL DIRECTOR (NAME) DW. NEWCOMER'S SONS  
(ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED 12/23 1938 M. M. Crowe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 23, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938, to Dec. 23, 1938  
 I last saw him alive on Dec. 23, 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Several Malacia Date of onset 1 year  
 Other contributory causes of importance:  
arterio-sclerosis year  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 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) D. J. ..., M. D.  
 (Address) 1403 Bryant 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.

1462 Bryant Bldg  
2-5:30

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City, Mo.

**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 this body is not embalmed, above space should be left blank.**