

**MAR 17 1941**

Registration District No. 403 Primary Registration District No. 5557 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
51st & Belmont, Rural Route # 2  
(d) Length of stay: In hospital or institution ---  
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural  
(d) Street No. 51st & Belmont-R.R. # 2  
(e) If foreign born, how long in U. S. A. ? --- years.

3. (a) PRINT FULL NAME Mrs. Tirena Eleanor Freeman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Clinton E. Freeman 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 7 1871

8. AGE: Years 68 Months 8 Days 0 If less than one day --- hr. --- min.

9. Birthplace Falls City Nebraska

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Elwin Thacker  
13. Birthplace Unknown  
14. Maiden name Eleanor Tibbetts  
15. Birthplace Boston Massachusetts

16. (a) Informant Lilah Freeman  
(b) Address 51st & Belmont

17. (a) Burial Forest Hill Cemetery (b) Date thereof May 9, 1940  
(c) Place: burial or cremation

18. (a) Signature of funeral director D. M. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) D. M. Newcomer, M.D. (b) D. M. Newcomer, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1940 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 5 to May 7, 1940, that I last saw her alive on May 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis  
Hypertension  
Due to 5 years

Other conditions (Include pregnancy within 3 months of death) ---

Major findings: Of operations ---  
Of autopsy ---

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---  
While at work? --- (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. Hauser (M. D. or other) ---  
Address 314 Shubert Bldg Date signed May 7 1940

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

800

217 Shurpeter 13 2dy  
1115 Grand Avenue

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. Colburn

Licensed Embalmer No. 3506

P. O. Address K. C. 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.