

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

9681

1090

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3042 Wabash Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 Yrs. / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3042 Wabash Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma F Friess

3. (b) If veteran, name war No. 3. (c) Social Security No. no.

4. Sex Fe. / 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto Friess 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept. 27 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 18 hr. min.

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Sitzler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Reinart
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Friess
(b) Address 3042 Wabash Ave.
17. (a) Burial (b) Date thereof 3-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylarv Funeral Home
(b) Address K.C. Mo.

19. (a) 3/17/1941 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1941 hour 7:45 minute _____ M.

21. I hereby certify that I attended the deceased from January
1937, 19 to March 15
that I last saw her alive on March 15 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Left Ventricular
failure

Duration
6 hrs.

Due to Chronic Asthma

Due to MI 3/15/41

Other conditions Chronic Glomerular
(Include pregnancy within 3 months of death)
nephritis

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)
(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 0

23. Signature Mildred G Dyer (M. D. or other)
Address 300 West 47th St. Date signed 3/15/41

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

18
802

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.....

Chas Wilks

Licensed Embalmer No.

2644

P. O. Address.....

1800 Pinewood

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, fact should be so stated above.