No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24286

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2825

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

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: K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community — 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 Cherry
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes name country 0

3. (a) PRINT FULL NAME James W.Freeman

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-3136

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Sgl 0

6. (b) Name of husband or wife xx

6. (c) Age of husband or wife if alive xx years

7. Birth date of deceased Oct. (Month) 5, (Day) 1883 (Year)

8. AGE: Years 57 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Louisburg (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Employee

11. Industry or business Chapman Dairy

FATHER
12. Name Newton Freeman,
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. August J. Roehrs,
(b) Address 1222 Harrison St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.

19. (a) 7-28-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-21-41, 19 to 7-26-41, 19 ; that I last saw him alive on 7-26-41, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF PROSTATE	
Due to ~~5 1 13~~	
Due to 51 b	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Emery R. Thom (M. D. or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed

561

(Licensed Embalmer's Statement on Reverse Side)

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 N. R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.