No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38445

Registration District No. 3181 DEC 1 1941

Primary Registration District No. 5554

Registrar's No. 315

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Kansas City~~ Rural Kansas Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3216 Donnelly, " 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural Kansas City 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 3216 Donnelly 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWARD C. FRIESE

3. (b) If veteran, name war No

3. (c) Social Security No. 487-03-6973

4. Sex Male 0

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Eleanor B.

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 30, (Month) (Day) 1880 (Year)

8. AGE: Years 61 | Months 3 | Days 26 | If less than one day hr. min.

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

10. Usual occupation Warehouse Man

11. Industry or business Spears Mills

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Eleanor B. Friese
(b) Address 3216 Donnelly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.
(b) Address 2825 Indep. Blvd.,

19. (a) Nov. 28/41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26
year 1941 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from May, 1937, to Nov 26, 1941,
that I last saw him alive on Nov 1, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Acute~~ Cardiac infarct	1/2 hr.
Due to Chronic valvular disease.	20 yrs
Due to Enlarged heart	10 yrs.
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

93d

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 D M Eubank (M. D. or other) MD
Address Raytown Mo. Date signed 11-26-41

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(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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence, Mo

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.