

No. 2
4-13-40
1-17-39
I X23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 864

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:
3000 East 55th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3000 East 55th
(If rural, give location)

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

3. (a) PRINT FULL NAME HERMAN J FREDRICK

3. (b) If veteran, name war World War

3. (c) Social Security No. _____

4. Sex Male Color or race White

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 24
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 4

If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business Remington Arms-Lake City

12. Name Fred Fredrick

13. Birthplace Germany
(State or foreign country)

14. Maiden name Annie Walender

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Fredrick

(b) Address 3000 East 55th St

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Zurke + Tobin Co

(b) Address 20 West Linwood

19. (a) 3/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

JK1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Feb
year 1942 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from Feb. 22-1942
1942 to Feb. 28, 1942
that I last saw him alive on Feb. 26 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 6 days

Due to pneumonia

Due to _____

Other conditions 108
(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? _____
(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

23. Signature Leslie A. Hardy (M. D. or other) D

Address 4520 Wood Date signed 3/2-42

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

MAR 12 1942

MAR 11 1942

*Embalmed
and
interred*

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.....

John J. Couray, Registered Apprentice No. *307*
working under my personal supervision.

Signed *David Perry*
Licensed Embalmer No. *4097*

P. O. Address.....

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.