No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5176

State File No. 1089

Registration District No. 149 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:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 50 years
years, months or days)

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. 4924 Central
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Ella Froelich

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John M. Froelich

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

7. Birth date of deceased August (Month) 27 (Day) 1860 (Year)

8. AGE: Years 82 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Gettysburg (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jacob Creager
13. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Sophia Rindlaub
15. Birthplace Gettysburg, (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Dayton D. Campbell
(b) Address 420 Huntington Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 3-4-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day March
year 1943 hour 10:10 minute A M.

21. I hereby certify that I attended the deceased from March 1, 1943, to March 3, 1943
that I last saw her alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Fractured Hip Rt.	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186a

18

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) Fract Rt Hip
(b) Date of occurrence 2/23/43
(c) Where did injury occur? K.C. Mo. (City or town) (County) (Home) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Residence (Specify type of place)
While at work? No (e) Means of injury gentle fall

23. Signature Edward P. Heller (M. D. or other)
Address 1010 Professional Bldg Date signed 3/3/43

(Licensed Embalmer's Statement on Reverse Side)

1 - 5:30

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 Clarence William Chile

Licensed Embalmer No. 3473

P. O. Address 71 e 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, fact should be so stated above.