

S. No. 2
M-2-43
5-17-39
X3389

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13169
Registrar's No. 1899

FILED MAY 6 1943
Registration District No. 149

Primary Registration District No. 1002

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:
2521 East 48th Street Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether

In this community 35 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Clinton Edgar Freeman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Tirenna E. Freeman

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

7. Birth date of deceased February 7 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>13</u>	hr. <u>---</u> min.

9. Birthplace Unknown Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Tire Salesman - Retired

11. Industry or business Cooper Tire Company

MOTHER FATHER {

12. Name William D. Freeman

13. Birthplace Lawrence County Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Nancy A. Stacy
(City, town, or county) (State or foreign country)

15. Birthplace Dublin Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lilah P. Freeman

(b) Address 2521 E. 48th Terrace

17. (a) Burial Forest Hill Cemetery
(Burial, cremation, or removal)

(b) Date thereof Apr. 23, 1943
(Month) (Day) (Year)

(c) Place: burial of cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. V. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-22-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 4838

(a) State Missouri (b) County Jackson

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

(d) Street No. 2521 East 48th Street Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1943 hour 11 minute 58 P. M.

21. I hereby certify that I attended the deceased from --- 19 --- to --- 19 ---
that I last saw --- alive on Sept 4-20, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis

Due to 61

Other conditions Diabetes
(Include present conditions within months of death)

Major findings:
Of operations Arteriosclerosis

Of autopsy 220

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)

(c) Means of injury ---

23. Signature D. R. Beach (M. D. or other)
Address 924 1/2 W. 18th St. Date signed 4/21/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-5
4270
Freeman

Freeman

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address KC 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.