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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 24 1943
Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 158

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

48
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1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town BLUE TOWNSHIP (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RESIDENCE / 17TH & ALLIS AVE. RT. #6 KCMO
(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 SIX DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County RENO

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. ANNIE FREEMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9
year 1943 hour 11 minute 05 P M.

21. I hereby certify that I attended the deceased from June 6 - 1943 to June 9 - 1943
that I last saw him alive on June 9 - 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife M. G. FREEMAN

6. (c) Age of husband 33 years
alive 88 years

7. Birth date of deceased: 5 (Month) 6 (Day) 1873 (Year)

Immediate cause of death: Acute myocardial infarction

Due to: arterio-sclerosis

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 1 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace BAGNELL MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name JAMES QUINN

13. Birthplace NO RECORD 9
(City, town, or county) (State or foreign country)

14. Maiden name JANE GRIFFIN

15. Birthplace NO RECORD 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Quinn

(b) Address 617 S. 11th St. KANSAS CITY, KANS.

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

(c) Place: burial or cremation SALEM CHURCH

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? _____

23. Signature J. W. Martin (M. D. or other) _____
Address 409 Lomb - Kansas City Date signed 6-10-43

16. (a) Informant James Quinn

(b) Address 617 S. 11th St. KANSAS CITY, KANS.

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

(c) Place: burial or cremation SALEM CHURCH

18. (a) Signature of funeral director James Quinn

(b) Address 815 W. MAPLE AVE. INDEPENDENCE, MO.

19. (a) 6-11-1943 (b) James Quinn
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

409 Cambridge

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.....

Licensed Embalmer No.....

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.