

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: 4221 Wyoming /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 65 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MARTIN FROESCHL
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or Race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Juliana Froeschl 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased November 6 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>23</u>	hr. _____ min.

9. Birthplace Bavaria Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Filling Station Operator

12. Name Paul Froeschl

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name No Record

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

16. (a) Informant Mrs. Juliana Froeschl

(b) Address 4221 Wyoming

17. (a) Burial (b) Date thereof 9-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. Wagner

(b) Address Kansas City, Mo.

19. (a) 8-30-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4221 Wyoming
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1943 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr. 28
1943 to Aug 29 1943
that I last saw him alive on Aug 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arterio Sclerosis 148

Due to General Arterio Sclerosis 20440

Due to Hypertensive Cardio-vascular disease 20440

Other conditions (include pregnancy within 3 months of death) 93d

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 P. J. O'Connell M.D. (M. D. or other)

Address 207 Johnson Bldg. Date signed 9/30-43

M. E. 3564
Western 189
W. E. 3564

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 *A. R. Haenschell*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.