. S. No. 2
M—9-4-41
5-17-39
FILED NOV 1 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33783

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4409

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: 3420 E. 9th / STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3420 E. 9th STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SUSAN MARGARET FREEMAN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife NAPOLEON BONAPARTE FREEMAN
(c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 6 (Day) 1860 (Year)

8. AGE: Years 83 Months 6 Days 10 If less than one day hr. min.

9. Birthplace JOHNSON CO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name DIAL MADDOX
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARSHALL
15. Birthplace SALINE CO (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Mr. Oscar J. Freeman
(b) Address 1310 Harris Indep. Mo
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation NEVADA, MO
18. (a) Signature of funeral director George M. Collier
(b) Address 11103 Winner Rd Independence Mo.
19. (a) 10-18-43 (Date received local registrar) (b) R. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1943 hour 12 minute 00-NOON
21. I hereby certify that I attended the deceased from October 30, 1942 to Oct 16, 1943
that I last saw her alive on Oct 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Senility + myocarditis
Due to
Other conditions 93e
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

Duration

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) None
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Paul E. Forney (M.D. or other) Do.
Address 6226 E 15 Date signed 10-18-43

(Licensed Embalmer's Statement on Reverse Side)

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address Independence 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.