

FILED JAN 3 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5253

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community all her life (Specify whether 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. 714 W. 13 St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Pearl Frances Fredrickson,

3. (b) If veteran, name war no 3. (c) Social Security No. 499-14-7200

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Fredrickson 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased November 6 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business X
12. Name George W. Jones,

13. Birthplace West Virginia (City, town, or county) (State or foreign country)

14. Maiden name Frances Becker

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

16. (a) Informant Walter Fredrickson,

(b) Address 714 W. 13th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-13-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1943 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from December 10 1943 to December 11 1943

that I last saw her alive on December 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration

Due to

Due to 4/3/5

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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)

(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) Means of injury

23. Signature Clark W. Seely (M. D. or other) M.D.

Address General Hospital Date signed 12/13/43

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

[Handwritten Signature]
.....
Licensed Embalmer No..... *1415*
P. O. Address..... *J. E. King*

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.