

U.S. No. 2
 FORM-5-43
 REV. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30108**

FILED OCT 2 1944
 Registration District No. **2**

Primary Registration District No. **1002**

Registrar's No. **3838**

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

1. PLACE OF DEATH: Jackson
 (a) County **Kansas City**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)
 In this community **15 years,**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson, 49**
 (c) City or town **Kansas City, 3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **121 Ward Parkway**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **Miss Helen V. Freet,**
 (b) If veteran, name war **no.** (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single,**
 6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years
 7. Birth date of deceased **March 20 1903**
(Month) (Day) (Year)

8. AGE: Years **41** Months **6** Days **1** If less than one day **hr. min.**

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

10. Usual occupation **School Teacher,**
School

11. Industry or business **School**
 12. Name **James R. Freet,**
 13. Birthplace **Unknown,**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ida Drago**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida L. Freet,**
 (b) Address **121 Ward Parkway, Kansas City, Mo.**

17. (a) Removal **9-25-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fairfax, Missouri**

18. (a) Signature of funeral director **Stine & McClure,**
 (b) Address **3235 Gillham Plaza, K. C., MO.**

19. (a) **9-23-44** (b) **T. E. Brown (Dr.)**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **21**
 year **1944** hour **1:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept. 20**
1944 to **Sept. 21** 1944;
 that I last saw her alive on **9-21** 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory Collapse**
Fusillimatory Septicemia Duration 10-12 hrs.
Bi-Lateral Adrenal Hemorrhage
 Due to **(Probably) Waterhouse-Friderichsen Syndrome**

Other conditions **65/5**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy **Bi-Lateral Adrenal Hemorrhage**

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) (e) Means of injury
 23. Signature **Harold M. Roberts** (M. D. or other) **MD**
 Address **1103 Grand, K.C. Mo.** Date signed **9-23-44**

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.....

E. M. Plank

Licensed Embalmer No.....

1848

P. O. Address.....

N. C. Missouri

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.