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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15860

State File No.

FILED JUN 11 1945

Registration District No. 149

Primary Registration District No. 1001

Registrar's No. 2312

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:
General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11:55 P.M. : 4:20 A.M. (Specify whether
In this community 41 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City Mo 40
(If outside city or town limits, write "RURAL")

(d) Street No. 3015 Paseo 3
(If rural, give location)

(e) Citizen of foreign country? 8 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Isabell Frevele

3. (b) If veteran, name war no

3. (c) Social Security 487-12-2996

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr Jack H Frevele

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec 29 (Month) 1903 (Day) (Year)

8. AGE: Years 41 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Kansas City Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Wm. Walker
13. Birthplace Do not know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jack H. Frevele
(b) Address 3115 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation Treebalawn

18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo.

19. (a) 5-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1945 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy no
History & Inspection

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jam C Walker 3 (M. D. ~~or other~~) Coroner
Address 1424 Profit Bldg Date signed 5-28-45

(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 Francis Walton

Licensed Embalmer No. 2744

P. O. Address 19, C, 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.