

Filed **7/23/46** 7 1946 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:  
Menorah Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)  
 In this community 4 years

**3. (a) PRINT FULL NAME** William R. FRESHSE  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 317-10-8332

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Margaret E. Freshse  
 6. (c) Age of husband or wife if alive 41 years  
 7. Birth date of deceased Nov. 25, 1903  
(Month) (Day) (Year)

**8. AGE:** Years 42 Months 1 Days 28  
 If less than one day hr. min.

**9. Birthplace:** Michigan City Ind.  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Inspector U.S. Navy

**MOTHER FATHER**  
 12. Name William R. Freshse  
 13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret L. Snell  
 15. Birthplace Michigan City Ind.  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. Margaret E. Freshse  
 (b) Address 5407 Harrison, K.C. Mo.

**17. (a) Burial:** (b) Date thereof 1-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

**18. (a) Signature of funeral director:** Melody-McGilley-Eylar  
 (b) Address 1800 Linwood Blvd. K.C. Mo.

**19. (a)** 1-24-46 (b) Stualline Holmes  
(Date received local registrar) (Registrar's signature)

**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. 5407 Harrison  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan. day 23 rd  
 year 1946 hour 1:12 A minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Pathologist  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to \_\_\_\_\_

Due to Coronary Atherosclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: g4a  
 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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Freel Dringled (M. D. or other)  
K.C. Mod Date signed \_\_\_\_\_

Prof. Bldg.  
Ha. 6379 1610

**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 Russell N France

Licensed Embalmer No. 4285

P. O. Address K. C. 2nd

**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.