

S. No. 2  
M-5-43  
v. 5-17-39  
I X3567

27130

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** AUG 19 1946

Registration District No. 117

Primary Registration District No. 6002

Registrar's No. 3445

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 No. 2  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1614 Olive Street  
(If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 8  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RUFUS FREEMAN

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9  
year 1946 hour 12: minute 20 a. M.

21. I hereby certify that I attended the deceased from Aug. 4  
1946 to Aug. 9, 1946;

that I last saw him alive on August 9, 1946;  
and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Brookies Freeman

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

7. Birth date of deceased April 21, 1904  
(Month) (Day) (Year)

Immediate cause of death Bronchogenic carcinoma

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

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

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

Major findings: Of operations: 47c

Of autopsy Same

8. AGE: Years Months Days If less than one day

42 3 18 hr. min.

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

10. Usual occupation Press Operator

11. Industry or business Unemployed

12. Name Barney Freeman

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

14. Maiden name Mollie Jones

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

16. (a) Informant Minnie Dickerson, Aunt

(b) Address 1614 Olive St., (Rm. 7825)

17. (a) Removal (b) Date thereof 8/10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warren, Arkansas

18. (a) Signature of funeral director Walter Duv...

(b) Address 1719 Lynde St., E. Mo.

19. (a) 8-10-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_

1. While at work 2. Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.

Address 600 East 22nd St. Date signed 8/10/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER-FATHER

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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.....

*Jerome Munlowe*

Licensed Embalmer No. ....

*3994*

P. O. Address.....

*2503 Highland*

**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.**