

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33538**
Registrar's No. **4404**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **5047 Wyandotte**
(d) Length of stay: In hospital or institution **no.**
In this community **30 years,**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **5047 Wyandotte**
(e) Citizen of foreign country? **no.**
If yes, name country **X**

3. (a) PRINT FULL NAME **Hillard Marquis Frie**
3. (b) If veteran, name war **no.**
3. (c) Social Security No. **492-14-8998**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **18**
year **1946** hour **3:40** minute **P.** M.
21. I hereby certify that I attended the deceased from **July 29** 19 **46** to **October 18** 19 **46**
that I last saw him alive on **October 18** 19 **46**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Gertrude Frie**
6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **March 23 1888**

Immediate cause of death
Acute Myocarditis Duration **few hrs**
Hypertensive heart disease
Due to **Apoplexy** **18 yrs.**
Due to **Hyperplasia** **18 yrs**

8. AGE: Years **58** Months **6** Days **25**
If less than one day **hr. min.**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **a b d**
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Joe, Texas,**

10. Usual occupation **Credit Adjustment**

11. Industry or business **X**

12. Name **Marquis D. Frie**

13. Birthplace **Mississippi**

14. Maiden name **Lucy P. Smith**

15. Birthplace **Arkansas**

16. (a) Informant **Mrs. Gertrude Frie,**

(b) Address **5047 Wyandotte, K. C., Mo.**

17. (a) **burial** (b) Date thereof **10-21-46**

(c) Place: burial or cremation **Forest Hill Cemetery**

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

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

19. (a) **10-21-46** (b) **Geraldine Holmes**

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 **T. C. Kilman** (M. D. or other) **D.C.**

Address **3504 Troost** Date signed **10/19/46**

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

323500

Dr. F. E. Kierman, 3504 Troost, Va. #5
4465

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 *J. Blair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *K. S. Ins.*

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.