

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1947

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27692
Registrar's No. 3366

Registration District No. 149 Primary Registration District No. 1002

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: St. Mary's Hospital C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 Hours
(Specify whether years, months or days) 48 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 999
(c) City or town Wamego 14
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME REV. HENRY FREISBERG
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male (5. Color or race White)
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 25 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 12 hr. min.

9. Birthplace Nauort Germany (City, town, or county) (State or foreign country)
10. Usual occupation Catholic Priest

MOTHER FATHER
11. Industry or business
12. Name Henry Freisberg
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Theresa Von Winger
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Stockhoff
(b) Address Overland Park Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Wamego - Kansas
18. (a) Signature of funeral director Quirk
(b) Address 20 West Linwood
19. (a) 8-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day Aug year 1947 hour 1:00 minute A M.
21. I hereby certify that I attended the deceased from 8-5-47 to 8-7-47
that I last saw him alive on 8-6-47 and that death occurred on the date and hour stated above

Immediate cause of death Septicemia Duration 3 days
Due to Cause unknown
Due to
Other conditions Arteriosclerosis year
(Include pregnancy within 3 months of death)

Major findings: Of operations 97
Of autopsy
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 Fisher W. Parker (M. D. or other) M.D.
Address 306 E 12 Date signed 8-7-47

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

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 Howard W Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Bonson City 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.