

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38142
Registrar's No. 4938

Registration District No. 149 Primary Registration District No. 1003

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:
Gregory & Holmes 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution over 70 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1422 Olive
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Rebecca Freeman
(b) If veteran, name war. No. _____ (c) Social Security No. 496-03-3241

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced, Widow
(b) Name of husband or wife Edward Giles
(c) Age of husband or wife if alive Deceased years
7. Birth date of deceased February 24 1892
(Month) (Day) (Year)

8. AGE: 50 Years Months X/8 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Marshall 0 Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laundress

11. Industry or business _____
12. Name Aaron Freeman
13. Birthplace Salene County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Smith
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Jones
(b) Address 2220 Olive, Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Just Appleton Jones
(b) Address _____

19. (a) 11-25-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 22
year 1947 hour 6 minute 30 p.m.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy No - Permit
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 J. H. Williams (M. D. or other) D. C.
Address 2636 Brooklyn Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

11-24-47

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.....

Thomas H. Ineko....., Registered Apprentice No. *39*
working under my personal supervision.

Signed.....

W. H. Skat.
Licensed Embalmer No. *2710*

P. O. Address: *R. A. 2710*

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.