

No. 2
1-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1081
335
Registrar's No.

FILED FEB 3 1948

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: General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. 25 mins
(Specify whether
In this community 20 YEARS
years, months or days)

3. (a) PRINT FULL NAME GILMORE George Freeman

3. (b) If veteran, name war No
3. (c) Social Security No. 486-26-8253

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. DORA FREEMAN
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JUNE 25 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 27
If less than one day .hr. .min.

9. Birthplace HASTINGS NEBRASKA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

12. Name DELBERT FREEMAN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Freeman
(b) Address 3622 Tracy Avenue

17. (a) BURIAL (b) Date thereof JAN-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN CEMETERY

18. (a) Signature of funeral director D. N. Holcomb

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-24-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 3622 Tracy 8
(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 22
year 1948 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan. 22 1948 to Jan. 22 1948
that I last saw him alive on Jan. 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
arteriosclerotic heart disease
with failure

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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 Wm W. East (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-22-48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. [unclear]

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 *Bernard L. [unclear]*

Licensed Embalmer No. *4250*

P. O. Address *H C M Co*

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.