S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1948

Registration District No. 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29761

Registrar's No. 3732

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 38
(If outside city or town limits, write "RURAL")

(d) Street No. 3931 ROANOKE ROAD
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. KATHERINE FREEDMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-01-9542

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES FREEDMAN

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

7. Birth date of deceased OCTOBER (Month) 2 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	11	11	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation SECRETARY

11. Industry or business UNITY SCHOOL

FATHER
12. Name JAMES LAWRENCE GILWEE
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name LUCY MONTANA
15. Birthplace (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant JAMES FREEDMAN

(b) Address 3931 ROANOKE ROAD

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 9-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 9-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 13 year 1948 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from 11 17, 1947, to 9-13, 1948 that I last saw her alive on 9-12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis	
Due to Carcinoma of rt Ovary	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 11-19-47 490
Of autopsy Same

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Fred B Kyger (M. D. or other) MW

Address 510 Prof Bldg Date signed Sept 13 9-13-48

(Licensed Embalmer's Statement on Reverse Side)

510 Prof. Bldg.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.