

FILED SEP 18 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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

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. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 19 days  
(Specify whether years, months or days) 4 yrs

3: (a) PRINT FULL NAME Rita Freeman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1938 years

7. Birth date of deceased June 1 1938  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>10</u>	<u>2</u>	<u>27</u>	hr. min.

9. Birthplace Centralia MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolgenl

11. Industry or business

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Madeline Freeman

15. Birthplace Moberly MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Madeline Freeman

(b) Address 929 Forest

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 30-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly MO

18. (a) Signature of funeral director Mar C. Foster

(b) Address 918 Broadway

19. (a) 8-30-48 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 929 Forest  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28  
year 1948 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 9, 1948, to Aug. 28, 1948, that I last saw her alive on Aug. 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis-non epidemic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 81a

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)

(c) Means of injury 0

Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 8-30-48

*Dr. Campbell  
Dr. Brown*

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**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 *Dean Rivera*

Licensed Embalmer No. *4280*

P. O. Address *99 Brooklyn  
N. C., 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.**