

FILED MAR 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8463

884

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Kansas City</u>			c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker. Missouri.</u>			<u>0150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2843 Woodland Ave, K.C.Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Crocker, Missouri.</u>						
3. NAME OF DECEASED (Type or Print) <u>Alice</u>			a. (First)	b. (Middle)	c. (Last) <u>Freeman</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>25</u> (Year) <u>1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>2/16/1875</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>	IF UNDER 1 MIN. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Bewley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Nevett</u>			14. NAME OF HUSBAND OR WIFE <u>William A. Freeman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lula Morasch</u>				ADDRESS <u>3032 N. 29th K. C. Kansas</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	<u>Neuronia, Total</u>								
	ANTECEDENT CAUSES	DUE TO (b)								
		DUE TO (c)								
	II. OTHER SIGNIFICANT CONDITIONS	<u>Senility</u>						<u>490A</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)		(STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>Feb 18, 1951</u> to <u>Feb 25, 1951</u> , that I last saw the deceased alive on <u>Feb 25, 1951</u> , and that death occurred at <u>9:50 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Stan J. Sulkowski, D.V.</u>				23b. ADDRESS <u>1601 Belmont</u>				23c. DATE SIGNED <u>Feb 25-51</u>		
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>3/1/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Missouri.</u>					
DATE REC'D BY LOCAL REG. <u>2-27-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Eads Bros Funeral Home. K. C. Kansas</u>					

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *M. McQuinn*
Student Embalmer No.

Licensed Embalmer No. *3505*

P. O. Address *K.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.