

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4979

State File No.

927

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> <u>8/50</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>8</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4615 Georgia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2905 Campbell. Campbell Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>TROWER</u> c. (Last) <u>FREEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>2-25-1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours Min.
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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>Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Trower</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Murray</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Freeman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter D. Wingett</u>	ADDRESS <u>Kans City, Kans</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, essential</u> DUE TO (c)		<u>3 yrs +</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1949 to Feb 26, 1952, that I last saw the deceased alive on Feb 24, 1952 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. G. Davis</u> (Name or title) <u>MD</u>	23b. ADDRESS <u>907 No. 7th K.C.K.</u>	23c. DATE SIGNED <u>2/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quindaro Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
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DATE REC'D BY LOCAL REG. <u>2-27-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. W. Long</u>	ADDRESS <u>K.C. Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11:30
Huron
Fa 93/13
Dau

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N 10th St

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.