

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24765

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON / Registration District No. 395
(b) Township KAW / Primary Registration District No. 1002 Registered No. 2978
(c) City KANSAS CITY (d) Street No. RESEARCH HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

MRS. ADELAIDE MAUDE SMITH FREY
(a) Residence, No. 820 WEST 72ND St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILBUR S. FREY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 31 1879
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 10 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) BARBER COUNTY
(STATE OR COUNTRY) KANSAS

13. NAME EDWARD H. SMITH

14. BIRTHPLACE (CITY OR TOWN) VERMONT
(STATE OR COUNTRY)

15. MAIDEN NAME CARRIE M. SOLANDERS

16. BIRTHPLACE (CITY OR TOWN) SMITHVILLE
(STATE OR COUNTRY) ILLINOIS

17. INFORMANT MR. WILBUR S. FREY
(ADDRESS) 820 WEST 72ND STREET

18. BURIAL, CREMATION, OR REMOVAL
PLACE SALINA, KANSAS DATE JULY 24 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY MISSOURI

20. FILED July 24 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 22 1939

22. I HEREBY CERTIFY, That I attended deceased from June 8 1939, 1939, to 7-22, 1939.
I last saw him alive on 7-22, 1939. Death is said to have occurred on the date stated above, at 5:04 A. M.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis - Local and generalized, Acute cholecystitis.

Date of onset

12/10

Other contributory causes of importance:

Acute obstructive jaundice. Uremia.

Name of operation Cholecystectomy Date of 6/5/39

What test confirmed diagnosis? Cholesterol Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury no, 1939

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Wilson D. Brown, M. D.

(Address) Kansas City, Mo.

11. 815 Hubbard Blvd.

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address R. 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, above space should be left blank.