

FILED MAR 11 1940

Registration District No.

Primary Registration District No.

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:
5745 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Minnie Frew

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Charles Frew 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased February 14 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 8 hr. min.

9. Birthplace Spencer Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name William May
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Davy
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Sandy
(b) Address 5745 Wabash Avenue

17. (a) Burial (b) Date thereof 2-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkville, Missouri

18. (a) Signature of funeral director A. H. Nevensmeier Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-23-40 (b) M. M. Crowe, cash
(Date received local registrar) (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. 5745 Wabash Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd
year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1939, to Feb 22, 1940;
that I last saw him alive on Feb 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Topic Myocarditis
Hypertension
Due to Hypertension 1938.
Due to 608

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

Duration Dec 39
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?

While at work? (Specify type of place) (e) Means of injury -----

23. Signature W. B. Wilk (M. D. or other)
Address 612 Professional Bldg Date signed 2/23/40

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

612 Unprofessional
12:30-5

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.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.