

Registration District No. 399

Primary Registration District No. 1002

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: 7316 Jefferson (Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME FREEMAN, EVELYN S.

3. (b) If veteran, Evelyn S. Freeman, (c) Social Security name war No.

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

(b) Name of husband or wife Lafe B. Freeman 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 29 1896
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 13 If less than one day

9. Birthplace Chicago - Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name Jess T. Berry
13. Birthplace unknown
14. Maiden name Abelie Soulehard
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lafe B. Freeman

(b) Address 7316 Jefferson KCMO

17. (a) Cremation (b) Date thereof 5-13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Crematorium

18. (a) Signature of funeral director Judd Clark
(b) Address 6900 West KCMO

19. (a) May 22, 1940 (b) N. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7316 Jefferson
(If rural city location)
(e) If foreign born, how long in U. S. A. American years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, year 1940 hour 8 minute 11 A. M.,

21. I hereby certify that I attended the deceased from 1938, 1940; that I last saw him alive before and that death occurred on the date and hour stated above. Immediate cause of death Death by hanging Duration

Due to Death by hanging 15

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) suicide
(b) Date of occurrence 5-12-40
(c) Where did injury occur? K.C. Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home hanging by parent
While at work? 361 (Specify type of place)
Means of injury hanging

23. Signature Victor M. Victor Date signed 5-13-40
Address K.C. Mo

WRITE PLAINLY—USE 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 on the
12th day of May, 1940. Registered Apprentice No. _____
working under my personal supervision.

Signed L. W. Hawthorne.

Licensed Embalmer No. 3845.

P. O. Address 6900 Troost, 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, above space should be left blank.