

APR 15 1941
Registration District No. _____

Primary Registration District No. _____

Registrar's No. **253**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 5 days

3. (a) PRINT FULL NAME Eva Bell Freel

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife James Freel 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 3, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 29 hr. min.

9. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business _____

12. Name George Newman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Freel
(b) Address Troy, Mo.
17. (a) Removal (b) Date thereof 3-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Kansas
18. (a) Signature of funeral director C. R. Kan
(b) Address Troy, Kansas
19. (a) 3/2/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Denison
(c) City or town Troy
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-2 day 1941
year 9:30 AM hour 12 minute _____ M.

21. I hereby certify that I attended the deceased from 2-26-41
_____ 19 _____ to 3-2-41 19 _____
that I last saw her alive on 3-1-41 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart - acute dilatation Duration short

Due to Operation
Due to Cancer of Uterus 6 1/2 years

Other conditions Adiposis 4
(Include pregnancy within 3 months of death)

Major findings: Cancer of Uterus PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy: _____

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 Paul Ferguson (M. D. or other) M.D.
Address St. Joseph 731 Parson Date signed 3-2-41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

C. L. Kark

Licensed Embalmer No.

3532

P. O. Address

Ind. Co.

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.