

FILED APR 15 1944

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
1310 Armour Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 weeks**
 (Specify whether
 In this community **12 years**
 years, months or days)

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. **5601 Locust Street**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **MISS MARY FREYMAN**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **10th**
 year **1944** hour _____ minute _____ M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **March 28**
 _____, 19**44**, to **April 10**, 19**44**.
 that I last saw him alive on **March 28**, 19**44**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: **August 3rd 1844**
 (Month) (Day) (Year)
 8. AGE: Years **99** Months **8** Days **7**
 If less than one day _____ hr. _____ min.

Immediate cause of death:
Removal arteries - sclerosis x Senility
 Due to _____
 Due to _____

9. Birthplace **Bath, Pennsylvania**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
97
 Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation **at home**
 11. Industry or business _____
 12. Name **Unknown**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Harvey A. Kresge**
 (b) Address **5601 Locust Street**
 17. (a) **Removal** (b) Date thereof **4-12-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Minneapolis, Kansas**
Freeman Mortuary
 18. (a) Signature of funeral director _____
 (b) Address **104 west 42nd street**
 19. (a) **4-11-44** (b) **D. E. Brown**
 (Date received local registrar) (Registrar's signature)

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?

 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature **Shirley White** (M. D. or other) _____
 Address **1103 Grand** Date signed **4/11/44**

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 *Elmer C. Weddler*

Licensed Embalmer No. *3495*

P. O. Address *W. C. Mo.*

Prof Bledy

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.