V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

12040

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13134

FILED APR 17 1946

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 1594

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: 6220 Indiana /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6220 Indiana 8
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 1

If yes, name country ____

3. (a) PRINT FULL NAME HENRY FREYMAN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Ma 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna Freyman

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February (Month) 26 (Day) 1863 (Year)

8. AGE: Years 83 Months 1 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Retired Interior Decorator

11. Industry or business ____

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Karel Booy
(b) Address 3309 E. 62nd St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 4-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1946 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 1-14-46 2, 19__, to apr 2, 1946
that I last saw him alive on apr 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Coro~~ Myocarditis, chronic.

Due to Senility

Due to Probable Ca of Prostate

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51 b

Of autopsy ____

Duration

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Sarah A. Gestrin (M. D. or other)
Address 3031 Wilhelmina Bldg Date signed 4-3-46

(Licensed Embalmer's Statement on Reverse Side)

LA 6400

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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, fact should be so stated above.