No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27693
Registrar's No. 23545

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: St. Joseph Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1Day 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. 3302 Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Catherine Freund
3. (b) If veteran, name war no
3. (c) Social Security No. none
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
7. Birth date of deceased August (Month) 16 (Day) 47 (Year)
8. AGE: Years | Months | Days 1 | If less than one day hr. min.
9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business
MOTHER FATHER
12. Name John E. Freund
13. Birthplace Kansas City Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ruth M. Ising
15. Birthplace Kansas City Mo. (City, town, or county) (State or foreign country)
16. (a) Informant John E. Freund
(b) Address 3302 Penn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director Dennis & Fabri
(b) Address 20 W. Linwood
19. (a) 8-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 17 year 1947 hour 11 minute 30A.M.
21. I hereby certify that I attended the deceased from AUG 16 1947 to AUG 17 1947 that I last saw h. ALIVE on AUG 17 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY ATELECTASIS.	
Due to I. MO. PREMATURE	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	
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)
(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 O
23. Signature [illegible] (M. D. or other)
Address Raytown Mo Date signed 8-18-47

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Fonner

Licensed Embalmer No. 4134

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.