

No. 2  
5-43  
17-39  
X36671

FILED AUG 19 1947

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 Kennett City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1229 Indiana 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 1/2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Frey

3. (b) If veteran, name war no 3. (c) Social Security No. 329-14-5788

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Rose Frey 6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)

7. Birth date of deceased Nov 29 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Carpenter (Retired)

11. Industry or business no record

12. Name no record

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert D. Feltner

(b) Address 1229 Indiana

17. (a) burial (b) Date thereof Aug 7-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Mrs C R Forster

(b) Address 918 Brooklyn (c) Date received local registrar 8-6-47 (d) D. Gerald Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kennett City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1229 Indiana 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 1947 year hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept 25 1946 to July 15 1947 that I last saw him alive on July 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic adenocarcinoma with metastasis to colon & malignancy finally died of uremia  
Due to Cancer of bladder

Due to 5215  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Removed stone from bladder  
Of operations  
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) (c) Means of injury  
23. Signature Agnes S. Capal (M. D. or other)  
Address 1235 Walnut Oldjkt Mo Date signed Aug 5-47

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

*Placed 12/21/01  
in 95111*

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**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..... *Carland Minor* .....

Licensed Embalmer No. *3414* .....

P. O. Address. *918 Brooklyn* .....

**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.**