

FILED JAN 27 1948

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:
401 East 36th Street, Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **3 months**
(Specify whether
In this community **Life**
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. **4120 Warwick Boulevard, 8**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Kathleen Page Freyschlag**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ralph Webb Freyschlag** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased: **August 10 1885**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **2** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **X**
12. Name **Harry L. Pague**

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

14. Maiden name **Lillian Laughlin**

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

16. (a) Informant **Ralph Webb Freyschlag**
(b) Address **4120 Warwick, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **1-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-13-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12**
year **1948** hour **2:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov. 45**, 19**45** to **Jan. 12**, 19**48**
that I last saw her alive on **Jan. 12**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myotrophic Lateral Sclerosis**
Due to **3 yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? **no.**

While at work (Specify type of place) (e) Means of injury _____

23. Signature **Albert P. Washington** (M. D. or **MD**)
Address **1500 Professional Bldg** Date signed **1/13/48**

Edw. Hassinger

Dr. Edw. Hassinger

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 *Robert H. Reed*

Licensed Embalmer No. *3748*

P. O. Address *H. E. 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.