

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37258**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4583

48  
318

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Concordia</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>No.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital 17</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) _____ c. (Last) <b>FRERKING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 26 49</b>	
--	--	--	---	--

5. SEX <b>Fe</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8-27-1876</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.	
------------------	--	----------------------------	--	---	--	-----------------------------------	--	---	--	--------------------------------	--	--------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>			11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
--	--	--	---	--	--	---	--	--	--	--	--

13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Otto G. Frerking</b>					
-----------------------------------	--	--	--	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>XX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Melvin J. Frerking, 2507 E. 37th St.</b>							
---	--	-----------------------------------	--	--	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion with myocardial infarction</b>								INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary artery sclerosis</b>									
		DUE TO (c) <b>none</b>									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none done</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
------------------------	--	---	--	--	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year), (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
--	--	--	--	----------------------------	--	--	--

22. I hereby certify that I attended the deceased from Oct. 21, 1949 to Oct. 26, 1949, that I last saw the deceased alive on Oct. 26, 1949, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>M. Donald McFarland M.D.</b>		23b. ADDRESS <b>215 Plaza Medical Bldg. Kansas City, Mo.</b>		23c. DATE SIGNED <b>Oct 27, 49</b>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-30-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Concordia Mo.</b>	
---	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>10-27-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Wagner Kansas City Mo</b>			
--	--	---	--	--	--	--	--

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

L.O. 1533  
Miss M...

1919

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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Eugene L. Kemmer*

Licensed Embalmer No. 4633

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.