

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30405**  
Registrar's No. **3738**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <b>3738</b>	
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>Jackson</b>			
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>65 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>3611 E. 29th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3611 E. 29th St.</b>				d. STREET ADDRESS (If rural, give location) <b>3611 E. 29th St.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Ludwig</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Fromhold</b>	
4. DATE OF DEATH		(Month) <b>8</b>		(Day) <b>31</b>		(Year) <b>50</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 11, 1881</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>De Soto, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shirtmaker</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Primus Fromhold</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Klingman</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Amelia Fromhold</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>492-14-4748 NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Amelia Fromhold</b> ADDRESS <b>3611 E. 29th St. KCMO</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Insufficiency</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				443A 1 1/2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterial Hypertension</b>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <b>Feb. 7, 1949</b> , to <b>Aug. 31, 1950</b> , that I last saw the deceased alive on <b>Aug. 31, 1950</b> , and that death occurred at <b>8:02 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Kenneth A. Davis</b> (Degree or title) <b>Dr. Davis, M.D. Kansas City, Missouri</b>				23b. ADDRESS <b>201 Plaza Theater Bldg.</b>		23c. DATE SIGNED <b>9-1-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 2, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-2-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, KANS. CITY, MO.</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

1-4  
Chicago State College

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Willis H. Bennett*

Signed.....

Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *H. C., 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.