

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH

16523 State File No. 2052 Registrar's No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY KANSAS CITY c. LENGTH OF STAY 30 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY KANSAS CITY d. STREET ADDRESS 1712 East 24th Street

3. NAME OF DECEASED a. (First) JESSE b. (Middle) FREEMAN c. (Last) FREEMAN 4. DATE OF DEATH (Month) MAY (Day) 12 (Year) 1951

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED 8. DATE OF BIRTH JUNE 7 1882 9. AGE 68

10a. USUAL OCCUPATION AT HOME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE LEXINGTON, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME BOB FREEMAN 13b. MOTHER'S MAIDEN NAME PRISCILLA 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ROY NOEL 1712 East 24th Street ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA ANTECEDENT CAUSES DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE II. OTHER SIGNIFICANT CONDITIONS CEREBRAL VASCULAR ACCIDENT WITH LEFT SIDED HEMIPLEGIA

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 4-26, 19 51 to 5-12, 19 51 that I last saw the deceased alive on 5-10, 19 51, and that death occurred at 6:25A. m., from the causes and on the date stated above.

23a. SIGNATURES E. Frank Ellis MD 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 5-14-51

24a. BURIAL CREMATION REMOVAL 24b. DATE 5-14-51 24c. NAME OF CEMETERY OR CREMATORY Woodlawn 24d. LOCATION Independence Mo.

DATE REC'D BY LOCAL REG. 5-14-51 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed *© Kenneth R. Ruppel*

Licensed Embalmer No. *4437*

P. O. Address *2600 E. Hwy 90*

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.