

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8213
995

FILED MAR 22 1955

State File No. _____
Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY UNK.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 GRAND</u>		e. STREET ADDRESS (If rural, give location) <u>804 GRAND 312^B</u>	
3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>BERNARD</u> c. (Last) <u>FREEMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>S 0</u>	8. DATE OF BIRTH <u>11-24-1892</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SCANDIA KANS</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME CARL AUGUST FREEMAN 13b. MOTHER'S MAIDEN NAME CAROLINE ANDERSON 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W W I 16. SOCIAL SECURITY NO. 512-07-4363 17. INFORMANT'S SIGNATURE OR NAME AGNES FREEMAN TOPEKA, KANS ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause death unknown</u>		DUE TO (b) _____		4343
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Heart Veterans Hosp</u>		_____		

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Cor decomposed to post 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3 23b. ADDRESS 1034 Riata Bldg 23c. DATE SIGNED 3-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify) REM 24b. DATE 3-5-55 24c. NAME OF CEMETERY OR CREMATORY COURTLAND CEM 24d. LOCATION (City, town, or county) (State) COURTLAND KANS

DATE REC'D BY LOCAL REG. 3-5-55 REGISTRAR'S SIGNATURE newa minshall 25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S ADDRESS K.C. Mo.

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

APR 2 1954

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.....
Signature of Student Embalmer

Signed *Forrest D. Callanow*.....

Licensed Embalmer No. *471*

P. O. Address *KC 91*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.