

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14092

Do not use this space.

85

1001

Registered No.

454

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 454
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roy Freeman, 655

(a) Residence, No. 655 St. Cosby, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Freeman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1888

7. AGE YEARS 49 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Produce
9. Industry or business in which work was done, as saw mill, bank, etc. Dealer,
10. Date deceased last worked at this occupation (month and year) April 1938. 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) King City,
(STATE OR COUNTRY) Missouri,

FATHER 13. NAME Lafayette Freeman,
14. BIRTHPLACE (CITY OR TOWN) Easton,
(STATE OR COUNTRY) Missouri,

MOTHER 15. MAIDEN NAME Malinda Gregory,
16. BIRTHPLACE (CITY OR TOWN) Stewartsville,
(STATE OR COUNTRY) Missouri,

17. INFORMANT Mrs. Roy Freeman
(ADDRESS) Cosby, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosby, Mo. DATE April 24, 1938

19. FUNERAL DIRECTOR Heaton, Betts & Baynes
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED 4-25-38 H. J. Nestle
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22nd, 1938

22. I HEREBY CERTIFY, That I viewed deceased from April 22nd, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:55 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental gun shot injury

Date of onset

Other contributory causes of importance:

none

Name of operation..... Date of.....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental Date of injury 4/19, 1938

Where did injury occur? Andrew County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Gun shot injuryNature of injury Intestinal injury24. Was disease or injury in any way related to occupation of deceased? no

If so, specify B. W. Tallock Coroner....., M. D.

(Signed) B. W. Tallock (Address) King Hill Bldg

STATEMENT BY LICENSED EMBALMER

I, W E Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Apr. 27

✓ L. E. ✓

No. _____ or by _____, Registered Apprentice No. ✓

working under my personal supervision.

Signed W E Summerfield

Licensed Embalmer No. 3007

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.)