

RECORDED OCT 26 1938

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

33415
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 807
(b) Township Chariton Primary Registration District No. 6052
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Willie Dee Freeman

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Leon Freeman
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co. Mo.

FATHER
13. NAME Williams Honds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

MOTHER
15. MAIDEN NAME Mary A. Ripper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Leon Freeman
Glenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glenwood DATE Sept. 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Moreheads'
Lancaster, Mo.

20. FILED 47712 1938 Clarence Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to Sept, 1938
I last saw her alive on Sept 10, 1938. Death is said to have occurred on the date stated above, at 3 9 a. m.
The principal cause of death and related causes of importance were as follows:

Gangrene of right leg from blood down
Date of onset 9-1-38
Other contributory causes of importance: apoplexy about 4-1-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.O.
If so, specify
(Signed) M. R. Johnson, M. D.
(Address) Glenwood, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

85a

RECEIVED

District Health Officer No. 10

District File Number 10-38-370

Date Filed 10-13-38

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,

True & Minnie Morehead

or by

Registered Apprentice No., working under my personal supervision.

Signed True & Minnie Morehead

Licensed Embalmer No. 3731-368

P. O. Address Lancaster Pa

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33410
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 807
 (b) Township Chariton Primary Registration District No. 6032 Registered No. 4
 (c) City..... (d) Street No..... 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Willie D. Fremont

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 11 3

Principal cause of death: fracture of right leg Date of onset 4-3-41

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

Other contributory causes of importance: apoplexy about 4-3-38

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE....., 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED....., 19..... Local Registrar.....

Walter Schuyler
S. D. P. L. E. T. W. H. S.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

S-33415