

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

35388
Do not use this space.

1. PLACE OF DEATH
 (a) County Chanton² Registration District No. 175-
 (b) Township Salisbury Primary Registration District No. 4104 Registered No. 40
 (c) City Salisbury (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.
653
 2. PRINT FULL NAME John C Freeman
 (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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell Freeman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1853
 7. AGE YEARS 85 MONTHS 9 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER
 13. NAME Nelson Freeman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER
 15. MAIDEN NAME Elizabeth Jane Dickson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Edith Freeman (ADDRESS) Salisbury, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury, Mo. DATE 10/5 38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Good Shepherd Salisbury, Mo.
 20. FILED Oct 3 1938 2nd Ward Unit Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Oct 3 1938
 I last saw him alive on Oct 3 1938. Death is said to have occurred on the date stated above, at 3P m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Prostate
 Date of onset _____
 Other contributory causes of importance:
arterio-sclerosis
 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? no
 If so, specify _____
 (Signed) J. W. Conner, M. D.
 (Address) Salisbury, Mo.

N. B.—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.

RECEIVED
District Health Officer No. 8,
District File Number
11/3/38
Date Filed

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, me

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Herb T. Diekmeyer

Licensed Embalmer No. 3981

P. O. Address Shiloh, W. Va.

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.

5 1

1

1