

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

36722
 Do not use this space.

REC'D NOV 10 1938

1. PLACE OF DEATH
 (a) County St. Genevieve Registration District No. 934
 (b) Township Union Primary Registration District No. 6026 Registered No. _____
 (c) City Farmington RFD (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Max 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Freeman Thurman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18 Oct - 1850
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Agriculture
 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) acting the death
 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bonneton
St. Francis, Mo.
 13. NAME Mr. Freeman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Helene Langs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bonneton
St. Francis, Co. Mo.
 17. INFORMANT (ADDRESS) Virgil Freeman Son
 18. BURIAL, CREMATION, OR REMOVAL PLACE Part New DATE Oct 30, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Farming In Md Co.
 20. FILED _____ 19 _____
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1938, to Oct. 26, 1938
 I last saw him alive on Oct 26, 1938 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:
Cerebral Apoplexy
Cardio. Arteriosclerotic Disease
 Other contributory causes of importance: AS 10
 Date of onset 10.26.38
 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? _____
 If so, specify _____
 (Signed) R. H. Walters, M. D.
 (Address) Farmington Mo.
850

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.

STATEMENT BY LICENSED EMBALMER

I, Mellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Mellie Harter

Licensed Embalmer No. 2969

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36722

Do not use this space.

1. PLACE OF DEATH

(a) County St. Genevieve Registration District No. 934

(b) Township Union Primary Registration District No. 6026 Registered No. _____

(c) City _____ (d) Street No. _____

(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 Max Freeman

(a) Residence, No. _____ St. (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 W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. agriculture

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) active the day he died

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Booneville St Francois Co.

FATHER

13. NAME Wm Freeman

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

MOTHER

15. MAIDEN NAME Feliste Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Booneville MO

17. INFORMANT (ADDRESS) Virgil Freeman's son

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View DATE Oct 30 1938

19. FUNERAL DIRECTOR Farmington vadt co (ADDRESS)

20. FILED Nov. 6 1938 Rev. J. A. Kerner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1938 to Oct 26 1938

I last saw him alive on Oct 26 1938. 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:

Cerebral apoplexy
Cardio Arterial Renal Disease

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) Geo. T. Watkins, M. D.
(Address) Farmington MO

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

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

