

REC'D FEB 15 1939

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

2281
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE
(b) Township
(c) City SPRINGFIELD

Registration District No. 378Primary Registration District No. 2001Registered No. 15

(d) Street No. Springfield Baptist Hospital St.
(If death occurred at 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

(a) Residence, No. 1942 no Robertson 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

1. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 - 1861

7. AGE YEARS 77 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Quartermaster
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) Missouri13. NAME J. Freeman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Mrs. Powell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Thomas S. Freeman (ADDRESS) Springfield Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE 2-1-4 3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Springfield Mo20. FILED Jan 4 1939 Chas. A. George Local Registrar. 200 (Address) Springfield Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 3922. I HEREBY CERTIFY, That I attended deceased from 1-4-39, 1939, 6-1-39, 1939I last saw him alive on 1-2, 1939 Death is saidto have occurred on the date stated above, at 4:20 P.M.

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

Urinary Retention

Date of onset

Other contributory causes of importance Acute ProstatitisName of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) T. J. Freeman M. D.Local Registrar. 200 (Address) Springfield 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.

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 _____

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

Signed *L. Edwin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, Me*

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.