

REC'D JAN 23 1939

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

4290
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 907
 (b) Township Pleasant Valley Primary Registration District No. 6220 Registered No. 29
 (c) City Mansfield (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM I. 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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) May 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Arkansas13. NAME Thomas W. Freeman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome Tennessee15. MAIDEN NAME Emma James16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Arkansas17. INFORMANT (ADDRESS) Thomas W. Freeman Mansfield Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Can DATE Jan 4 193919. FUNERAL DIRECTOR (ADDRESS) H. Steffe Mansfield20. FILED Jan 4 1939 J. M. De Short Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 193922. I HEREBY CERTIFY that I attended deceased from Dec 7 1938, to Dec 30 1939I last saw him alive on Dec 30 1939. Death is said to have occurred on the date stated above, at 8 A. m.

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

Carcinoma of Liver

Date of onset

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 _____, 1939Where 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? noIf so, specify _____ (Signed) W. J. Lingen(Address) Mansfield Mo. 832

NAME

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

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

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)