

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.

REC'D MAR 15 1939

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

5838
Do not use this space.

1. PLACE OF DEATH
 (a) County Benton Registration District No. 61
 (b) Township Warsaw Primary Registration District No. 4036 Registered No. 8
 (c) City Warsaw (d) Street No. _____
 (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 Thomas Auld Freeman
 (a) Residence, No. Warsaw, Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>10</u>	<u>28</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant/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) 7/14

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentonsport, Iowa

FATHER

13. NAME Thomas Freeman

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

MOTHER

15. MAIDEN NAME Eliza Woodring

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

17. INFORMANT August A. Freeman
(ADDRESS) 523 E. Jefferson, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. DATE Feb. 23, 1939

19. FUNERAL DIRECTOR C. M. White
(ADDRESS) Warsaw, Mo.

20. FILED 2/21 19 39 Jas. A. Logan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1937, to 2-20, 1939
 I last saw him alive on Feb. 20, 1939 Death is said to have occurred on the date stated above, at 9:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Senility
Pneumonia Bronchial
 Date of onset

Other contributory causes of importance: 1070

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 1939
 Where did injury occur? X
 (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) H. J. Davenport, M. D.
 (Address) Warsaw, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-480
Date Filed 3-10-39

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.)