

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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

11246  
Do not use this space.

REC'D APR 7 1939

**1. PLACE OF DEATH**

(a) County Jefferson Registration District No. 423  
 (b) Township ROCK Primary Registration District No. 5528  
 (c) City \_\_\_\_\_ (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. da. (f) How long in U.S., if of foreign birth, \_\_\_\_\_ yrs. mos. da.

**2. PRINT FULL NAME**

MARY RUTH 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28, 1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <u>3</u> hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____	
	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) <u>KIMMSWICK MO</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>SAMUEL A. FREEMAN</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>17700</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>DOROTHY FREEMAN</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>HEARKEY MO</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Samuel A. Freeman</u> (ADDRESS) <u>KIMMSWICK MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BURGE SS</u> DATE <u>MARCH 28, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>HEINIGTAG FUNERAL HOME</u> (ADDRESS) <u>KIMMSWICK MO</u>		
20. FILED <u>Mar 28, 1939</u> <u>Phil. J. Kirk</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939, to March 28, 1939  
 I last saw her alive on March 28, 1939. Death is said to have occurred on the date stated above, at 3:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Premature birth.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) W. B. Dukes  
 (Address) Asbury, Mo.  
Jefferson Co.

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 *not*

*Embalmed*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *FIMMSWICK*

**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.**