

JUN 24 1939

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

20098
Do not use this space.

1. PLACE OF DEATH
(a) County WRIGHT Registration District No. 907
(b) Township PIKA-SANT-VALLEY Primary Registration District No. 4548
(c) City or MANSEFIELD (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 22 yrs. 0 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME George Freeman Jr.
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 RUTH SIKES FREEMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 13 - 1917
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 0 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INSURANCE
9. Industry or business in which work was done, as saw mill, bank, etc. SALESMAN
10. Date deceased last worked at this occupation (month and year) MARCH 1st - 1939 11. Total time (years) spent in this occupation 3 yrs
12. BIRTHPLACE (CITY OR TOWN) MANSEFIELD (STATE OR COUNTRY) MISSOURI
13. NAME George B. Freeman
14. BIRTHPLACE (CITY OR TOWN) MANSEFIELD (STATE OR COUNTRY) MISSOURI
15. MAIDEN NAME VERNA TATE
16. BIRTHPLACE (CITY OR TOWN) SWAN CREEK (STATE OR COUNTRY) ILLINOIS
17. INFORMANT Geo. B. Freeman (ADDRESS) MANSEFIELD MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE MANSEFIELD, MO. DATE MAY 1 1939
19. FUNERAL DIRECTOR (NAME) EA. STEFFE (ADDRESS) MANSEFIELD MO.
20. FILED May 6 1939 J. M. H. Short Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 11 28 1939
22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939 to April 28, 1939
I last saw him alive on April 23, 1939 Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Neck
Rhomb
Other contributory causes of importance: 53
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) Dr. V. M. J. J. M. D.
(Address) 2700 S. 1st St.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1188

Date Filed JUN 7 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.