

REC'D SEP 13 1939

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

28702
Do not use this space.

1. PLACE OF DEATH
Butler

(a) County Butler Registration District No. 89
(b) Township Ponlar Bluff Primary Registration District No. 5131
(c) City Ponlar Bluff, Mo. (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mildred Irene Freeman

(a) Residence, No. Ponlar Bluff, Mo. Rt. 6 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1918

7. AGE YEARS 21 MONTHS 4 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Butler County

FATHER 13. NAME Abe Kasinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co. Mo.

MOTHER 15. MAIDEN NAME Maude Webb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT George Freeman
(ADDRESS) Ponlar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kerns Chapel DATE August 15, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service
(ADDRESS) Ponlar Bluff, Mo.

20. FILED 8/15 39 W. Kasinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Aug 13, 1939
Last saw her alive on June 24, 1939. Death is said to have occurred on the date stated above, at 10:15 p.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
Date of onset 2 yrs

Other contributory causes of importance: 73'

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. Lee Samuel M. D.
(Address) Ponlar Bluff, 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

.....
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.