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.

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

33850
Do not use this space.

114

1. PLACE OF DEATH
(a) County Wright 2 Registration District No. 908
(b) Township Mtn. Grove 1 Primary Registration District No. 6222 Registered No. 45
(c) City Mountain Grove (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.

655

2. PRINT FULL NAME Joseph Edward Freeman
(a) Residence, No. Mountain Grove, 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 May Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	1	20	

OCCUPATION
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) 8-5-39
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Nebraska

FATHER
13. NAME Moses Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Matilda Freed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs. Freeman Mountain Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Crest DATE Aug 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Stapp Mountain Grove, Missouri

20. FILED 9-14-1939 Bernice Montgomery
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to Aug 8, 1939
I last saw h[illegible] alive on Aug 8, 1939 Death is said to have occurred on the date stated above, at 11:20 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Insufficiency

Other contributory causes of importance:

Extreme Blood

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) [signature], M. D.
(Address) Nov 8 8 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar Officer No. 6,
1039-1959
District
Date Filed: OCT 5 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, George Stapp, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.