

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

33851
Do not use this space.

1. PLACE OF DEATH

(a) County WRIGHT Registration District No. 907
 (b) Township PLEASANT VALLEY Primary Registration District No. 6220
 (c) City _____ or _____ (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 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMA ANN FREEMAN

(a) Residence, No. Write Co. 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOMAS W. FREEMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 15 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
90 6 11

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) Feb 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WALNUT HILL ARKANSAS

13. NAME NOT KNOWN.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN.

15. MAIDEN NAME ELIZA SLOAN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN.

17. INFORMANT (ADDRESS) THOMAS FREEMAN MANSFIELD MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE: NEWTON CEM. DATE AUG 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F.A. STEFFE MANSFIELD MO

20. FILED Sept. 7, 1939 JAMES SHORT Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937, 1937, to Aug 28, 1939
 I last saw h. alive on Aug 5, 1939 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain

Date of onset

Other contributory causes of importance:

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) [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Officer No. 6,

District No. 1039-1924

Date Filed OCT 3 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

FA Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield Ind

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.