NOV 20 1939

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

36230
Do not use this space.

1. PLACE OF DEATH
(a) County Howard — Registration District No. 378
(b) Township Bonne Femme — Primary Registration District No. 55-27 — Registered No. 70
(c) City ~~Harrisburg 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. How long in U. S., if of foreign birth? yrs. mos. ds.

655

2. PRINT FULL NAME Ida May Freeman
(a) Residence, No. R. F. D. Harrisburg 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: Female
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 W. W. Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1880

7. AGE: Years 59 — Months 5 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Howard Co. Mo. 0

FATHER
13. NAME Jess Porter 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 0

MOTHER
15. MAIDEN NAME Susan Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard CO. Mo.

17. INFORMANT W. W. Freeman
(ADDRESS) R. F. D. Harrisburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pleasant DATE Oct 21 39

19. FUNERAL DIRECTOR Joe W Burton
(ADDRESS) Higbee Mo

20. FILED Nov 5 1939 V. O. Bonham
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1939 to Oct 19, 1939
I last saw h... alive on Oct 19, 1939. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac failure due to toxemia from accidental burns sustained Oct 17 1939.

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify

(Signed) W. W. Alexander M.D.
(Address) Higbee, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-7-20-37 I X12004

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/7/39

STATEMENT BY LICENSED EMBALMER

I, Orel Robinson, Licensed Embalmer No. 4101

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Orel Robinson

Licensed Embalmer No. 4101

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH
(a) County Howard Registration District No. 378
(b) Township Bonne Femme Primary Registration District No. 5527 Registered No.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Mae Freeman
(a) Residence, No. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) mar
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 59 MONTHS 5 DAYS 23 If LESS than 1 day, 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) (STATE OR COUNTRY)

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

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

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cardiac failure due to toxemia from accidental burns sustained Oct 17-1939

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~~? Yes Date of injury 10-17, 1939
Where did injury occur? Harrisburg, Mo. R.F.D. - Howard Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In the Home - Clothes caught fire from burning stick of wood which was too long to completely close stove
Manner of injury
Nature of injury Deep, extensive burns
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify House wife - Cook stove
(Signed) W. V. Durdene, D.O.
(Address) Higbee Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

X12241