

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

39052  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001  
 (c) City Missouri (d) Street No. St. Hospital # 2 Registered No. 1186  
 (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 12 yrs. 11 mos. 2 ds. (f) How long in U. S., if of foreign birth Unknown yrs. mos. ds.

2. PRINT FULL NAME Susan Holmes Freeman  
 (a) Residence, No. St. Hosp. #2, St. Joseph, Mo. St. Mo. Worth, Mo.  
 (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 (Name) Erbeaman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/8/3849 Age 91

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
91 7 2 9

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) Missouri  
 (STATE OR COUNTRY) Gentry County

FATHER 13. NAME James Burnettown

14. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ? Johnson

16. BIRTHPLACE (CITY OR TOWN) ? Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Hospital Records & Daughter  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City Mo. DATE Nov. 18 39

19. FUNERAL DIRECTOR (NAME) Andrews Funeral Home  
 (ADDRESS) Grant City, Mo.

20. FILED Nov 17 19 39 H. J. Nestlebuch  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/39

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to November 17, 1939

I last saw her alive on November 16, 1939 Death is said to have occurred on the date stated above, at 12:30 AM

The principal cause of death and related causes of importance were as follows:

Gradually failing for months - (diabetic)  
15 1/2

Other contributory causes of importance:  
Arteriosclerotic Heart Disease

Name of operation None Date of --  
 What test confirmed diagnosis? Rheftom Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury --, 19...  
 Where did injury occur? None  
 (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. D. Combs, M. D.  
 (Address) St. Hosp #2, Grant City, 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 *matern*

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

Signed *Andrew Funeral Home*

Licensed Embalmer No. ....

P. O. Address *Grant City*

**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.**