12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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-5-17-39
Rev. 5-17-39
1 X19511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18005

Registration District No. 89-88 Primary Registration District No. 513 D Registrar's No. 159

1. PLACE OF DEATH:

(a) County Butler Neelyville

(b) City or town Rural Neelyville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Rural near Neelyville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sam Freeman 655

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Crawford County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Minister

11. Industry or business

FATHER
12. Name AC. Freeman
13. Birthplace Douglas County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cynthia Potts
15. Birthplace Wayne County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Freeman
(b) Address Rt. # 6 Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation McKinsey near Taft

18. (a) Signature of funeral director Greer-Croy Funeral Ser. 60
(b) Address Poplar Bluff, Missouri

19. (a) 5-24/40 (Date received local registrar) (b) Oldutsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day twenty-third year 1940 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Mar 26, 1940 to Mar 26, 1940 that I last saw him alive on Mar 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Auricular Fibrillation Pas seven or 8 years

Due to Saw him at intervals, Did not see him after 3/26/40

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

93 C

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J Lee Harwell (M. D. or other)
Address Poplar Bluff Mo Date signed 5/25/40

(Licensed Embalmer's Statement on Reverse Side)

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.