No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1940

Registration District No. 292

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28455

Primary Registration District No. 5-410

Registrar's No. 17

1. PLACE OF DEATH:

(a) County FRANKLIN Beard

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether 2

In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County FRANKLIN

(c) City or town O BERGER, Mo
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME AMALIA FREESE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 7

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ FRITZ FREESE

6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased FEB (Month) 4 (Day) 1875 (Year)

8. AGE: Years 65 Months 7 Days 5 If less than one day ✓ hr. ✓ min.

9. Birthplace SWISS (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business ✓

FATHER
12. Name CHRISTIAN NOLTE
13. Birthplace GERMANY (City, town, or county) ✓ (State or foreign country) 6

MOTHER
14. Maiden name DORTH FP NOLTE
15. Birthplace SWISS (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Lucille Freese South

(b) Address Berger, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/9 (Month) (Day) 1940 (Year)

(c) Place: burial or cremation BERGER, MO

18. (a) Signature of funeral director HERMAN BLUMER

(b) Address BERGER, Mo

19. (a) 9 (Date received local registrar) (b) Jeffie Grannemann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEP day 9 year 1940 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Lung Secondary to Mammary	✓
Due to Carcinoma	
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 265 (Specify type of place)

While at work? (e) Means of injury 2

23. Signature C. A. Pace (M. D. or other) D.O.

Address Berger, Mo Date signed 9-9-40

(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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Burgin Mo.

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.