

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.

Registration District No. 653

Primary Registration District No. 5864 4310

Registrar's No. 8282

1. PLACE OF DEATH: Deming
 (a) County Deming
 (b) City or town Hayti
 (c) Name of hospital or institution: at edge of town
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20
 In this community all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul Eugene Freeman
 8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased June - 22 - 1939
 (Month) (Day) (Year)

8. AGE: Years 1 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation X
 11. Industry or business I

MOTHER FATHER
 12. Name Claud R. Freeman D
 13. Birthplace Lake County Arkansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Cunningham
 15. Birthplace Caruthersville Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Eugene Freeman
 (b) Address Hayti, Missouri
 17. (a) Burial (b) Date thereof 9/19/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caruthersville, Mo.
 18. (a) Signature of funeral director La Forge Ind. Co.
 (b) Address Caruthersville, Mo.
 19. (a) 9/26/40 (b) Pearl Kelley
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Deming
 (c) City or town Hayti
 (If outside city or town limits, write "RURAL")
 (d) Street No. at edge of town
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
 year 1940 hour 10 minute 90 P. M.
 21. I hereby certify that I attended the deceased from Sept. 16,
1940 to Sept. 18, 1940
 that I last saw him alive on Sept. 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis
 Due to _____
 Due to 1140
 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?
at home (Specify type of place) (e) Means of injury _____
 23. Signature Paul Eugene Freeman (M. D. or other) _____
 Address Hayti, Mo. Date signed 9-21-40

10-40-7

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.....

Not Embalmed....., 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.