

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32762

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hartsville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Otis Freeman

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 11, 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 1 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Newton Freeman

13. Birthplace Jackson Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mae Sophia

15. Birthplace Harrisburg Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Freeman

(b) Address Hartsville, Mo.

17. (a) Burial (b) Date thereof Sept 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartsville, Mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hartsville, Mo.

19. (a) 9/27/40 (b) Pearl Kelley
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Hartsville - Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1940 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Sept. 20
1940, to Sept. 26, 1940
that I last saw him alive on Sept. 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death colitis
Duration 10 days

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

94%
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. H. Shroy (M. D. or other) _____
Address Hartsville, Mo. Date signed 9/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-40-3

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 *Not Embalmed*

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.

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