

200 JAN 25 1941

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

3619

Do not use this space.

1. PLACE OF DEATH

(a) County Woods Registration District No. 618
 (b) Township Burlington Primary Registration District No. 4369 Registered No. _____
 (c) City Burlington (d) Street No. _____ (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 _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? 74 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Maud M. E. Inter Freeman St. (If nonresident, give city or town and State)
Burlington, Mo. (Usual place of abode, if no street address, write county or city)

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 W. E. Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 | 1 | 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jessie M. E. Inter

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

MOTHER 15. MAIDEN NAME Emma Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W. E. Freeman
Burlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Home DATE Jan 11, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. M. Davis
Tarkio, Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1940 to Jan 8, 1941

I last saw him alive on Jan 6, 1941 Death is said to have occurred on the date stated above, at 5:30 pm

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

Carcinoma of Breast Date of onset 1939
50

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Chivalry Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (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) C. S. Haswell M. D.
Tarkio, Mo. (Address)

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.....

....., 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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3619

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 618

Primary Registration District No. 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Burlington Ia
 (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)
 In this community _____ (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME Wood Medhurst Freeman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov 19 1860
 (Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Jessie medhurst

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

14. Maiden name Emma coy

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

16. (a) Informant W.C. Freeman
 (b) Address Burlington Ia mo

17. (a) _____ (b) Date thereof Jan 11 - 19
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jessie Home care

18. (a) Signature of funeral director J. M. Davis
 (b) Address _____

19. (a) Jan 16 41 (b) J. H. Hawn Jr. S.S.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (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.

DEATH CERTIFICATION

20. DATE OF DEATH Month Jan day 8
 year _____ hour _____ minute _____ 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.

Immediate cause of death Carcinoma of breast Duration 2

Due to _____
 Due to _____

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?

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

23. Signature J. D. Haskell (M. D. or other) _____
 Address Jessie mo Date signed _____

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

TEMPORARY SUPPLEMENT

