

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4776

Registration District No. 6215

Primary Registration District No. 904

Registrar's No.

I. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community. _____ years, months or days)

3. (a) PRINT FULL NAME Francis Asbury Freeland

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Agnes White Freeland 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 9 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Francis Asbury Freeland
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Elouisa Kirby
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Jean Freeland Crane
(b) Address Sheridan, Mo.

17. (a) Burial (b) Date thereof 1 10 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Athelstan, Iowa

18. (a) Signature of funeral director Long & Bond

(b) Address Sheridan Mo

19. (a) 1-10-'41 (b) Mrs W. H. Bond (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town 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.? L years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1941 hour 11:00 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 7, 1941, to Jan 7, 1941; that I last saw him alive on Jan 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to L

Due to L

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

Major findings: Of operations L

Of autopsy L

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) L
(b) Date of occurrence L
(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? L
(Specify type of place) (e) Means of injury L

23. Signature J. Ross (M. D. or other) L

Address Grantham, Mo. Date signed 1-10-41

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.