

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8357

State File No. _____

FILED MAR 19 1941 30
Registration District No. _____

Primary Registration District No. 4503

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina 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)
In this community 70 years
years, months or days

3. (a) PRINT FULL NAME Arther L. Freeland

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

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

6. (b) Name of husband or wife Emma Freeland 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased August 28th 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 25 _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Francis Freeland

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

14. Maiden name NOT KNOWN

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Lynn Byars

(b) Address Shelbina Mo.

17. (a) Burial (b) Date thereof 2/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Shelbina Mo.

18. (a) Signature of funeral director William Berkeley

(b) Address Shelbina Mo.

19. (a) Feb 27-41 (b) Ruth Jaeger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1941 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 4 1940 to Feb. 23 1941;
that I last saw him alive on Feb. 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach 1 yr.

Due to _____
Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 9

23. Signature R. L. Baldwin (M. D. or other) Dr.
Address Shelbina Mo. Date signed Feb 25

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

022

RECEIVED

District Health Officer No. 10

District File Number 3-415-24

Date Filed MAR 10 1941

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

Henry A. Burkholder

Licensed Embalmer No.

3835

P. O. Address

Shelburne, 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.