APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10555

Registration District No. 917 Primary Registration District No. 5397 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Douglas County
(b) City or town Dora, Missouri
(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)
(d) Length of stay: In hospital or institution —
In this community 20 years (Specify whether years, months or days)

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.? 0 years.

3. (a) PRINT FULL NAME George Freeman.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona Parsley Freeman
6. (c) Age of husband or wife if alive — years
7. ~~Birth~~ Death date of deceased January 11 1941
Birth - June 9, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Union County Georgia
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business "
FATHER
12. Name John Freeman
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Syria Tique
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)
16. (a) Informant Freeman Family
(b) Address Dora, Mo.
17. (a) Burial (b) Date thereof 1/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Mound
18. (a) Signature of funeral director Russell Barfe
(b) Address Mtn Grove, Mo
19. (a) (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 11 day 11
year 1941 hour 10 minute 10 M.
21. I hereby certify that I attended the deceased from Jan 11, 1941, to Jan 11, 1941
that I last saw h alive on Jan 11, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death [illegible]
Due to [illegible]
Due to
Other conditions [illegible]
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 441-645
Date Filed APR 16 1941

6

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

RECD MAY 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 917 Primary Registration District No. 5397 Registrar's No. 45

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

X26390

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Brushcreek Twp (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas

(c) City or town rural Brushcreek Twp (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George W. Freeman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Leona Freeman

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased June (Month) 20 (Day) 1866 (Year)

8. AGE: Years 74 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Union Co (City, town, or county) Ga (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Freeman
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Freeman
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Leona Freeman

(b) Address Dora Mo R 1

17. (a) (Burial, cremation, or removal) (b) Date thereof Jan. 13 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Jail Cemetery

18. (a) Signature of funeral director Barber Funeral

(b) Address Mtn Grove, Mo.

19. (a) 4-18 1941 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1941 hour 9 minute 150 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.

	Duration
Immediate cause of death High blood pressure	
Due to No Dr	
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? 976 (Specify type of place)

While at work? (e) Means of injury

23. Signature Reba K. White (M. D. or other)

Address Ava, Mo Date signed 4-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 8
District File Number 541-677
Date Filed May 2 1941

S-10555 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.