

FILED SEP 2 1941  
Registration District No. 221

Primary Registration District No. 4134

Registrar's No.

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Otterville  
(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 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper  
(c) City or town Otterville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Sarah Lucy Freeman  
(b) If veteran,  (c) Social Security No. 0  
name was

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 31  
year 1941 hour 11:0 minute 30 am.  
21. I hereby certify that I attended the deceased from Jan 20  
1941 to May 31 1941  
that I last saw him alive on May 31 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
7. Birth date of deceased Oct. 31-1851  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Intestines  
Duration months

8. AGE: Years 89 Months 7 Days 0 If less than one day hr. min.

Due to Ho  
Due to

9. Birthplace Morgan County - Mo  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

PHYSICIAN  
Major findings:   
Of operations  
Of autopsy   
Underlines the cause to which death should be charged statistically.

11. Industry or business  
12. Name Tampson A. Phillips  
13. Birthplace Walloway County, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Phillips  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Noa J. Berry  
(b) Address Otterville Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) Burial (b) Date thereof 6-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

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

While at work? (Specify type of place) (Specify means of injury)

18. (a) Signature of funeral director F. Parker  
(b) Address Otterville Mo.

23. Signature [Signature] (M. D. or other)  
Address Otterville Mo Date signed 5/31/41

19. (a) [Signature] (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

700

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-27-41

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.....

*Myself*..... Registered Apprentice No.....  
working under my personal supervision.

Signed *Lucius F. Parker*  
Licensed Embalmer No. *3840*  
P. O. Address *Otterville, 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.