S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29225

Registration District No. 765 Primary Registration District No. 6266 Registrar's No. 8

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola (Rural) Osceola Twn.
(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 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Clair 93

(c) City or town Osceola Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nancy Cornelia Freeman

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Fe /

5. Color or race Wh.

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

6. (b) Name of husband or wife Rev. James Freeman

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

7. Birth date of deceased Sept 23 (Month) 1853 (Day) (Year)

8. AGE: Years 87 Months 9 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Knoxville / Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name G?W. Piland
13. Birthplace / Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant J W Freeman
(b) Address Osceola Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director Joseph E Firestone
(b) Address Humansville Mo.

19. (a) 7-5-41 (Date received local registrar) (b) Ruth Seevers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 41 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from 2-27, 1941, to 4-5, 1941;
that I last saw her alive on 2-27-41, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation (age 87)

Due to myocarditis
Hepatitis

Due to Cholecystitis

Other conditions
(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.

127a

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 T. H. Douglas, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 6-30-41

6 [illegible] (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1675
Date Filed 9-15-41

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 C. G. Hathaway, Registered Apprentice No. 269 working under my personal supervision.

Signed Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Collins, 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, fact should be so stated above.