

Registration District No. **8 20**

Primary Registration District No. **3091**

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Maryville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Francis Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week**  
In this community **25 yrs**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway?**  
(c) City or town **Maryville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **20**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **RICHARD BRUNO FREYER**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lovetta Freyer** 6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **Aug 16 1869**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **12** If less than one day  
hr. min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad laborer**

11. Industry or business

12. Name **not knowing**

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

14. Maiden name **not known**

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lovetta Freyer**

(b) Address **Conception Jct. Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 31, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Price Funeral Home**  
(b) Address **Maryville, Mo.**

19. (a) **Nov 1 1941** (Date received local registrar) **Mamie E. Clardy** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **28**  
year **1941** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 21st**  
**1941** to **Oct 28th** **1941**  
that I last saw him alive on **Oct 28th** **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** Duration **3 days**

Due to **Surgical fracture of left hip**  
Due to **fall on floor**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1860**  
Of autopsy **25**

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) **Accident**

(b) Date of occurrence **Oct 18th 1941**

(c) Where did injury occur? **Nodaway Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Courtesy farm**  
While at work? **no** (Specify type of place) (e) Means of injury **fall on floor**

23. Signature **D. E. Cassin** (M. D. or other) **0**  
Address **Maryville Mo** Date signed **11/19/41**

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

MOTHER FATHER

**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 John W. Price.

Licensed Embalmer No. 3229

P. O. Address. Maryville 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.**