

DEC 17 1941

Registration District No. **411**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin Mo. City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1324 Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **20 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **1324 Kentucky**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17**
year **1941** hour **10** minute **45** M.

21. I hereby certify that I attended the deceased from
Oct 11 19**41** to **Nov 17** 19**41**
that I last saw him alive on **Nov 15** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic nephritis Duration **8 wks**

Due to **Chronic myocarditis** ?

Other conditions
(Include pregnancy within 3 months of death) **131 b**

Major findings:
Of operations **None**
Of autopsy **None**
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) **None**
(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) Persons of injury **0**
23. Signature **L. Marston Jones** (M. D. or other)
Address **Pierce City Mo** Date signed **11/18/41**

3. (a) PRINT FULL NAME **William Dillon Freer**

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

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

6. (b) Name of husband or wife **Mary E. Freer** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **March 7 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 10 .hr. .min.

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

10. Usual occupation **Stock Dealer**

11. Industry or business _____

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Orvie M. Freer**

(b) Address **Pierce City Mo.**

17. (a) **Burial** (b) Date thereof **11-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Garterville Cem.**

18. (a) Signature of funeral director **Mississippi**

(b) Address **Pierce City Mo**

19. (a) **11-18-41** (b) **Ed J. James**
(Date received local registrar) (Registrar's signature)

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

41-12-1047

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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Nicola O. Neumann*

Licensed Embalmer No. *3862*

P. O. Address *Pierce City 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.