S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1715

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 61

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

11
4

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Expired on admittance to Hospital (Specify whether

In this community years, months or days) a few minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan

(c) City or town Troy (If outside city or town limits, write "RURAL")

(d) Street No. Rural Route - #3 (If rural, give location)

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

If yes, name country No.

3. (a) PRINT FULL NAME Freel, Baby James Paul

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex M.

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov. (Month) 13 (Day) 1942 (Year)

8. AGE: Years 0 Months 2 Days 4 days If less than one day hr. min.

9. Birthplace Troy (City, town, or county) Kans. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Freel Mr. James F.
13. Birthplace Troy (City, town, or county) Kans. (State or foreign country)

MOTHER
14. Maiden name Euler, Pauline
15. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Father

(b) Address Troy Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Kansas

18. (a) Signature of funeral director C. S. Karr

(b) Address Troy Ks.

19. (a) 1/18/42 (Date received local registrar) (b) H. J. Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1942 hour 12 30 minute A.M.

21. I hereby certify that I ~~attended~~ know about the deceased ~~from~~ on Jan 17, 1942 to ____, 19__; that I last ~~saw~~ ~~alive on~~ ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	1 day
Due to Cold	1 wk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 107

Of autopsy no

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 3

23. Signature H. F. Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 1/17/42

(Licensed Embalmer's Statement on Reverse Side)

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 O. L. Kerr

Licensed Embalmer No. 3232

P. O. Address Hay Kansas

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.