S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7225

Registration District No. 528 — Primary Registration District No. ~~4314~~ 5704 — Registrar's No. 1

1. PLACE OF DEATH:

(a) County MACON

(b) City or town CALLAO "RURAL" (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 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON 61

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME MABEL FREEMAN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife W. W. FREEMAN

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased SEPTEMBER (Month) 26, (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	4	25	— hr. — min.

9. Birthplace MACON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business FARMING

FATHER
12. Name FRANK ROGERS
13. Birthplace MACON COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ELIZABETH CROSSING
15. Birthplace (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant MR. DAVID FREEMAN

(b) Address CALLAO, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation CALLAO CEMETARY

18. (a) Signature of funeral director H. G. Edwards

(b) Address Bevier Mo

19. (a) 2-28-42 (Date received local registrar) (b) W. F. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 21 year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 20, 1942 to Feb. 21, 1942 that I last saw her alive on Feb. 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart Disease	48 hrs.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the [illegible] to which [illegible] 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

23. Signature A. L. Hughes (M. D. or other) Dr.

Address Callao, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-329
Date Filed MAR 10 1942

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.