

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

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:  
808 North 25th. Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not.  
(Specify whether years, months or days)

In this community 30 years

3. (a) PRINT FULL NAME Joseph Stephen Freeman

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Cora Freeman

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased February 27 1856  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>1</u>	<u>17</u>	hr. _____ min.

9. Birthplace Easton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

12. Name Stephen Freeman

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

14. Maiden name Mary Kerns

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

16. (a) Informant J. C. Freeman

(b) Address 808 No. 25th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4-16-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowen Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 4-15-42 (b) Rae Henry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town 808 St. Joseph. St.  
(If outside city or town limits, write "RURAL")

(d) Street No. 808 North 25th. Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th.  
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mon. 14  
April 14, 1942, to April 14, 1942,  
that I last saw h im alive on April 14, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Senility  
Chr. Myocarditi

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
93d  
(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.

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Albert H. Muehl (M. D. or other) \_\_\_\_\_

Address 215 Phys. Supt. Bldg. Date signed 4-15-42

0111  
1  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1233

**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 \_\_\_\_\_

\_\_\_\_\_ *Apr 14 - 42* \_\_\_\_\_; Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Geo E Daniel* \_\_\_\_\_

Licensed Embalmer No. *3300 Missouri* \_\_\_\_\_

P. O. Address *St. Joseph, Missouri* \_\_\_\_\_

**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.**