

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11091

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 10

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town ROCKY TOWNSHIP
(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 1
(Specify whether
In this community 1 MONTH
years, months or days)

3. (a) PRINT FULL NAME TRELLIE ANDERSON FREEMAN

8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BARBRA FREEMAN 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased DEC 20 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation DAY LABOR

11. Industry or business

MOTHER FATHER { 12. Name BEN FREEMAN
13. Birthplace UNKNOWN ✓ 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN ✓ 9
(City, town, or county) (State or foreign country)

16. (a) Informant BARBRA FREEMAN
(b) Address SULPHUR SPRINGS MO

17. (a) BURIAL (b) Date thereof MAR. 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MORRIS CEMETRY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) Mar 22 1942 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

(c) City or town RURAL 050
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR SULPHUR SPRINGS
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour Four minute 25 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of jury
Inquest 2/21/42 11am
By Cardiac decompensation
Due nephritis, and pulmonary
tuberculosis (Probable Cause)
Due to _____

Other conditions _____
(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) (c) Means of injury _____

23. Signature Ch. Clement acting Cor 3
(M. D. or other) (Date signed 2/21/42)
Address Kimmswick Mo

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

5000

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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 *Elmer H. Aligtag*
Licensed Embalmer No. *3571*
P. O. Address *Kimmswick, MS*

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, above space should be left blank.