

JUL 25 1942

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newport Mo

(b) City or town West Plains Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Plains Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(u) State Mo County Douglas

(c) City or town West Plains Mo RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. DORA, Mo (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wm Lewis Freeman

3. (b) If veteran. name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 1941 hour 6 minute 30 P M.

4. Sex mo

5. Color or race W

6. (a) Single, widowed, married, divorced 50

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 6-14 (Month) 1899 (Day) (Year)

21. I hereby certify that I attended the deceased from 11/19 1941 to 11/24 1941; that I last saw him alive on 11/24 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 5 Days 10 If less than one day _____ ht. _____ min.

9. Birthplace Douglas Co, Mo (City, town, or county) (State or foreign country)

Immediate cause of death Intestinal obstruction Duration 5 days

Due to Rept appendix

Due to _____

Other conditions Perforated (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Geo. Freeman

13. Birthplace Union Co, Mo (City, town, or county) (State or foreign country)

14. Maiden name Lena Parley

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

Major findings: Rept appendix (Of operations) Intestinal obstruction

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Freeman

(b) Address Dora Mo

17. (a) B- (b) Date thereof 11-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation West Plains Mo

18. (a) Signature of funeral director West Plains, Mo

(b) Address _____

19. (a) 12-12-41 (Date received local registrar) (b) W-SIMONS (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence X

(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? X (Specify type of place) (e) Means of injury X

23. Signature Maurice Thompson (M. D. or other) MD

Address West Plains Date signed 12/5/41

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

46
1
1

RECEIVED

District Health Officer No. 8,

District File Number 442325

Date Filed 7-20-72

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 J. A. Roberts

Licensed Embalmer No. 3432

P. O. Address Matthew, N

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.