

No. 2
1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27018

FILED SEP 8 1942
Registration District No. _____

Primary Registration District No. 4154

State File No. _____

Registrar's No. 35

29
1
0

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

1. PLACE OF DEATH:

(a) County Dade, Center township
 (b) City or town Greenfield, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 28 years years, months or days

3. (a) PRINT FULL NAME HARRY ERNEST FREEDLE

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

4. Sex Male 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 none years

7. Birth date of deceased: Feb 1 1910
 (Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 0 If less than one day hr. _____ min. _____

9. Birthplace 5 mi. N.E. Greenfield, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Clyde Freedle

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

14. Maiden name Mary L. Jenkins

15. Birthplace Dade Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Clyde Freedle

(b) Address 404 Wells St.

17. (a) Burial (b) Date thereof Aug 5 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carr's Chapel Cem.

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield, Mo.

19. (a) Aug 10 '42 (b) Phyllis Lock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
 (c) City or town Greenfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 404 Wells Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
 year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 1
1938 to Aug 1 1942
 that I last saw him alive on Aug 1 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hepatic Cirrhosis
 Duration 1938

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations Hard and enlarged liver
Done at Mayo Clinic 1937
 Of autopsy _____

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 J. D. Shannon D.A. (M.D. or other)
 Address Greenfield, Mo. Date signed Aug 7 1942

RECEIVED

District Health Officer No. 6,

District File Number 942-1304

Date Filed SEP 3 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.....

J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, 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.