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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30706

Registration District No. 175 Primary Registration District No. 5647 Registrar's No. 119

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Freistatt Rural
(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 70 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Freistatt Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ~~70~~ 0 years.

3. (a) PRINT FULL NAME LOUISE FREIE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, ~~married~~, 2 ~~divorced~~ widow
6. (b) Name of husband or wife Herman Freie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 28 (Day) 1856 (Year)

8. AGE: Years 85 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Holle
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Wilhelmina Wolf
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Emilie Nobe
(b) Address Freistadt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Freistatt cemetery
18. (a) Signature of funeral director John Nobe
(b) Address Freistadt Mo
19. (a) 9-21-42 (Date received local registrar) (b) Eunice Greene by [illegible] Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1942 hour 4 minute AM.
21. I hereby certify that I attended the deceased from July 12, 1942, to Sept 18, 1942, that I last saw her alive on Sept 18, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Heart	
Due to disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Howard Rohleder (M. D. or other) DO
Address Freistatt, Mo Date signed 9/19/42

1100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1042-1468
Date Filed OCT 7 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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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, above space should be left blank.