

FILED OCT 16 1942

Registration District No. 101

Primary Registration District No. 5396

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Rural Bush Creek
(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 _____ (Specify whether years, months or days) 7 1/2 yrs

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Douglas

(c) City or town Rural Bush Creek
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME John William Freeman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1942 hour 8 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 26 1942 to Aug 26 1942 that I last saw h. alive on Aug 26 1942 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife Sarah Jane Freeman

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 11 1871
(Month) (Day) (Year)

Immediate cause of death Heart attack

Due to Arteriosclerosis

8. AGE: Years 71 Months 7 Days 15 hr. _____ min. _____

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

10. Usual occupation Farming

11. Industry or business Saw Mill

12. Name John W. Freeman

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

14. Maiden name Lucy Sweetser

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ben Freeman

(b) Address Dupee mo.

17. (a) Burial (b) Date thereof 8-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweetser Cem

18. (a) Signature of funeral director W. E. Martin

(b) Address Harnewille MO

19. (a) 9-10-42 (b) Edw. S. Witer
(Date received local registrar) (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 _____

(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 J. J. Wainwright (M. D. or other) _____

Address _____ MO Date signed 9/1 1942

1942 - 8 - 26
1877 - 1 - 11

71 - 7 - 15

*W. Bennett
Newman*

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.....

Denver Rolley

Licensed Embalmer No.

4086

P.O. Address.....

avg. 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.