

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6334

State File No. \_\_\_\_\_

Registration District No. 127

Primary Registration District No. 5467

Registrar's No. \_\_\_\_\_

39  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Greene**  
(a) County  
(b) City or town **Springfield** *Rural*  
(c) Name of hospital or institution: **Willard Route 2 Robberson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **63** (Specify whether  
In this community: \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**  
(a) State **Missouri** (b) County **Greene** **0**  
(c) City or town **Willard** *Rural?* **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route 2** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **JOHN GUY FREEMAN**  
3. (b) If veteran, name war # \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **24th**  
year **1943** hour **10** minute **45 A.M.**

4. Sex **Male** 5. Color or Race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Margaret S. Freeman**  
6. (c) Age of husband or wife if alive **61** years  
7. Birth date of deceased **Nov. 17, 1879**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 10 - 1942**  
**Jan 24 1943** to **Jan 23 1943**;  
that I last saw him alive on \_\_\_\_\_ 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years **63** Months **2** Days **7**  
If less than one day: -- hr. ---- min.

Immediate cause of death **Chronic myelocarditis** Duration \_\_\_\_\_  
Due to **also Chronic Prostatitis** **740**

9. Birthplace **Greene County Missouri**  
(City, town, or county) (State or foreign country)

Other conditions **Chronic Cystitis**  
(Include pregnancy within 3 months of death)  
Major findings: **none**  
Of operations: **none**  
Of autopsy: **no** **930**

10. Usual occupation **Farmer and Stockman**

11. Industry or business \_\_\_\_\_

12. Name **R. F. Freeman**  
13. Birthplace **Greene County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mrs. Cooper**  
15. Birthplace **Greene County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. D. S. Freeman**  
(b) Address **Willard**

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

17. (a) **Burial** (b) Date thereof **Jan. 25, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Robberson Paririe**

18. (a) Signature of funeral director **Thieme Funeral Home**  
(b) Address **1100 Boonville Ave.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(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) (e) Means of injury \_\_\_\_\_

19. (a) **Feb. 6, 1943** (b) **Mrs. Norman White**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. Freeman** (M. D. or other) \_\_\_\_\_  
Address **Springfield Mo** Date signed **26 43**

RECEIVED

Greene County Health Office,

County File Number 43-3-21

Date Filed 3/4/43

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. 2899  
.....  
working under my personal supervision.

Signed Fred O. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.