7. S. No. 2
0M—5-42
ev. 5-17-39
I X3287

17226

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1943

Local Registration District No.

Primary Registration District No. 3400

Registrar's No. 123

1. PLACE OF DEATH:
(a) County ADAIR
(b) City or town KIRKSVILLE, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GRIM SMITH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Schuyler
(c) City or town Lancaster
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALEX FREEMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 10 (Day) 1879 (Year)

8. AGE: Years 64 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) (State or foreign country)

10. Usual occupation Hatchery employee

11. Industry or business

MOTHER FATHER
12. Name Lester Freeman
13. Birthplace Labadieville (City, town, or county) Louisiana (State or foreign country)
14. Maiden name Ophelia Lincoln
15. Birthplace Labadieville (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant Mrs Louis J. Mire
(b) Address Lancaster Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1943 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director Moreheads
(b) Address Lancaster Mo

19. (a) 5/5/43 (Date received by local registrar) (b) Mrs. J. F. Wayne (Registrar's signature)

1647

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from March 29, 1943, to April 18, 1943, that I last saw him alive on Apr 18, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Internal (intestinal) hemorrhage (uncontrollable)	2 da
Due to associated c Diabetes	10 yrs
Due to Prostatic obstruction	4-5 yrs
Other conditions Orchitis (Include pregnancy within 3 months of death)	3 wks

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 George E. Grimes (M. D. or other) MD
Address Kirksville, Mo Date signed 4-18-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 6-43-10 81
Date Filed JUN 11 1943

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 True Minnie Morehead, Registered Apprentice No. ....., working under my personal supervision.

Signed True Minnie Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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.