

S. No. 2
4-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26371

State File No.

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada-Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 11 mo 23 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. unknown (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME AMOS-FREEMAN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna B. Ward 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased Jan 11 1878 (Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days - If less than one day - hr. - min. -

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

10. Usual occupation formerly Rancher - Miner

11. Industry or business none

12. Name James Freeman

13. Birthplace unknown Illinois (City, town, or county) (State or foreign country)

14. Maiden name Sarah Wilber

15. Birthplace unknown Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 7-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation MD Hosp

18. (a) Signature of funeral director Perkel (b) Address Perkel 5 mo

19. (a) 7-11-43 (Date received local registrar) (b) Dazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1943 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from July 18, 1942 to July 11, 1943 that I last saw him alive on July 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intertracheal fracture left hip Duration 12 days

Due to Agitated Patient climbed to Window sill and fell.

Other conditions Dementia Precof (Include pregnancy within 3 months of death)
Charing - Agitated Episode

Major findings: Of operations none Of autopsy none Physician 1804 38

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - fall

(b) Date of occurrence June 29/43 at 7:30AM

(c) Where did injury occur? Ward - State Hosp No 3 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hosp No 3 (Specify type of place) (e) Means of injury Fractured left hip

23. Signature Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed July 11 1943

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number

7-43-823

Date Filed

8-7-43

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.....

working under my personal supervision.

Signed.....

Steve Parker

Licensed Embalmer No.....

2548

P. O. Address.....

Joplin 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.