No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38564

FILED DEC 11 1943

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 66

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville Mo
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 54
(a) State Mo (b) County Lafayette
(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Freitag.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
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 June (Month) 26 (Day) 1867 (Year)

8. AGE: Years 76 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Warrenton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired grocer.
11. Industry or business
FATHER 12. Name Herman Freitag
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Friedericka Starke
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Cyril Scott
(b) Address Kansas City Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-43 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Higginsville
18. (a) Signature of funeral director E. Meinershagen
(b) Address Higginsville Mo
19. (a) 11-6-1943 (Date received local registrar) (b) Dr. W.A. Braecklein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th. year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 11- 1943 to Nov. 2- 1943 that I last saw him alive on Nov. 2- 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart block	
Due to Chronic myocarditis	yrs.
Due to Arteria sclerosis	yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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 W.A. Braecklein (M. D. or other) M.D.
Address Higginsville, Mo. Date signed 11-6-43

1187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

File Number 12-9-43

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 Roy F. Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.