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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5138. ~~Medical~~ Mary J. Haight Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since May 1943  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Annie B. Freeman

3. (b) If veteran, name war. none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased March 28, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 8 11 hr. min.

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

10. Usual occupation Housekeeper

11. INDUSTRY OR BUSINESS

MOTHER FATHER

12. Name James M. Bell

13. Birthplace unk. Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Unk.

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

16. (e) Informant Neal S. Freeman

(b) Address 753 South Missouri Springs, Mo.

17. (a) Burial (b) Date thereof Dec 12, 1965  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Home, Seymour, Mo.

18. (a) Signature of funeral director Kelley Ferree

(b) Address Seymour, Mo.

19. (a) 12-11-43 (b) B. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Seymour  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1943 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 11-30-43 19... to 12-9-43 19... that I last saw her alive on 12-9-43 19... and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, toxic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 2 months of death)

Major findings: 108

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 10 days

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature B. W. Handley (M. D. or other) O  
Address Springfield, Mo. Date signed 12-11-43

**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 W. K. Keller

Licensed Embalmer No. 3334

P. O. Address Raymour 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.**