

S. No. 2
OM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43237**

FILED JAN 10 1944 74
Registration District No. **1240**

Primary Registration District No. **3252**

Registrar's No. **375**

1. PLACE OF DEATH: **Pettis**

(a) County **Pettis**

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

(c) Name of hospital or institution: **1616 S Vermont**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **54 Years**
(Specify whether years, months or days)

In this community **54 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**

(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")

(d) Street No. **1616 S Vermont**
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Chris Freudenberger**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. **white** race 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Sarah Freudenberger** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **April 27 1862**
(Month) (Day) (Year)

8. AGE: Years **81** Months **7** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Franklin Ohio.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **retired**

MOTHER FATHER { 12. Name **George Freudenberger**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Kaiser**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Hilton**

(b) Address **Sedalia, Mo.**

17. (a) **Removal** (b) Date thereof **Dec. 12 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Girard Kansas.**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **12/11/43** (b) **Mrs Anna Dwyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10** year **1943** hour **4 00** minute **A** M.

21. I hereby certify that I attended the deceased from **March** 19 **43** to **Dec 10** 19 **43** that I last saw **him** alive on **Dec 9** 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration _____

Due to **Arterio Sclerosis & Hypertension**

Due to **934**

Other conditions **Prostatic Hypertrophy**
(Include pregnancy within 3 months of death)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **JW Berger** (M. D. or other) **745**

Address **Sedalia Mo** Date signed **12-11-43**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-2-44

JAN 0 10 59

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

Robert H Reed

Licensed Embalmer No.

3745

P. O. Address

Sedalia 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.