S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4561

State File No.

FILED FEB 13 1944

Registration District No. 13 1944

Primary Registration District No. 3072

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Corner of Benton & Washington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. Corner of Benton & Washington
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Harvey Freeman

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 20th (Day), 1868 (Year)

8. AGE: Years 75 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Bates County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name William Freeman
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Degarnt
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sherman Anthony 1

(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall, Mo.

19. (a) 1-31-44 (Date received local registrar) (b) Mrs T. O. Westhook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1944 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from 9 investigated the death 1-30, 1944 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Senility and undernourished

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations

Of autopsy No

Duration

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 C. L. Lawless Coroner Saline Co. (M. D. or other)

Address Marshall Mo. Date signed 1-31-44

1213

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-9-44

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, ~~only~~.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed Jas. H. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall 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.