

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 22 1944

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 182

26
5
4

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 717 Cliff Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James William Freeman

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1944 hour 3 minute 30 9 A.M.

21. I hereby certify that I attended the deceased from 08 to 19 to 19 that I last saw him alive on Aug 4 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 10 - 1886
(Month) (Day) (Year)

Immediate cause of death Athero
(Athero)

Due to Brain thrombosis
(Cerebral)

Duration 3 1/2 days

8. AGE: Years 57 Months 11 Days 25
If less than one day hr. min.

9. Birthplace Salsburg Mo.
(City, town, or county) (State or foreign country)

Due to Other conditions
(Include pregnancy within 3 months of death)

Other conditions None

10. Usual occupation State Capital Guard

11. Industry or business State Capital

MOTHER FATHER { 12. Name James Franklin Freeman

13. Birthplace Roscoe Mo.

14. Maiden name Julia Ann Ferguson

15. Birthplace Chariton Co. Mo.

Major findings: Of operations None

Of autopsy None

PHYSICIAN J. J. H.

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Freeman

(b) Address 717 Cliff Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Resting Mo.

18. (a) Signature of funeral director Theresa Richter

(b) Address 200 E. 1st

19. (a) 8-7-44 (Date received local registrar) (b) Theresa Richter (Registrar's signature)

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 James W. Freeman (M. D. or other) 0

Address Jefferson City, Mo. Date signed 8-7-44

894

H. Guyat.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-21-44

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Anderson*

Licensed Embalmer No. 3641

P. O. Address Jeno

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.