T. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34445

Registration District No. 26 — Primary Registration District No. 2001 — Registrar's No. 473-1

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin

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

(c) Name of hospital or institution: Friedman Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo Okla (b) County: Ottawa

(c) City or town: Miami

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

(d) Street No.: R-2

(If rural, give location)

(e) Citizen of foreign country? Citizen of U.S. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Mr. August A. Freese

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Alma Schlueter Freese

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: March (Month) 10 (Day) 1880 (Year)

8. AGE: Years 64 Months 6 Days 19 If less than one day — hr. — min.

9. Birthplace: St. Charles Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farmer

MOTHER FATHER

12. Name: Henry H. Freese

13. Birthplace: St. Charles Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Josephine Berlefamp

15. Birthplace: St. Charles Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Walter Freese

(b) Address: R. 2 Miami Okla

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation: G.A.R. Miami Okla

18. (a) Signature of funeral director: Lane Funeral Home

(b) Address: 15 A N.W. Miami Okla

19. (a) 10-12-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 Year hour 5.30 P.M. minute

21. I hereby certify that I attended the deceased from Sept. 23 1944 to Sept. 29 1944 that I last saw him alive on Sept. 29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration: 3 days

Due to: Fell from ladder

Due to: Fell 35 ft. fractured Pelvis Sept 21-1944 Pubic bone, Illium (L)

Other conditions (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? (Specify type of place)

While at work? (a) Means of injury:

23. Signature: [illegible] M.D. (M.D. or other)

Address: 708 Friscco Bldg Joplin Mo Date signed: Oct 2-44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-10-832

OCT 30 1944

OCT 26 1944

OCT 23 1944

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~~ .....

Murell R. Fisk #917 ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Murell R. Fisk

Licensed Embalmer No. 917

P. O. Address Miami Okla.

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.