

FILED NOV 14 1944

Registration District No. 294

Primary Registration District No. 3056-6010

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, Mo. - Rural
(c) Name of hospital or institution: Sugar Creek Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days 67yrs 8mo 28da

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly, Mo.
(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 _____

3. (a) PRINT FULL NAME

W. W. Freeman

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 24 1877

(Month) (Day) (Year)

8. AGE:

Years 67

Months 8

Days 28

If less than one day

hr. _____ min. _____

9. Birthplace Howard Co Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Bert Freeman

13. Birthplace Virginia

(City, town, or county) (State or foreign country)

14. Maiden name Cornelia Walker

15. Birthplace Virginia

(City, town, or county) (State or foreign country)

16. (a) Informant Rube Freeman

(b) Address Moberly, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 24 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St Pleasant

18. (a) Signature of funeral director Joe W urton

(b) Address Higbee Mo.

19. (a) 10/27/44 (Date received local registrar)

(b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1944 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from October 9 1944, to October 22 1944; that I last saw him alive on Oct 22 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach, liver

Duration

Due to _____

Due to _____

Other conditions cardiac failure
(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 V. L. Robinson (M. D. or other) D. O.

Address Higbee, Mo. Date signed 10/26/44

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1852

Date Filed NOV 10 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.....

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

Signed James W. Stegman
Licensed Embalmer No. 37800
P. O. Address Boonville, 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.