

S. No. 2
M-2-43
5-17-39
I X35697

37534

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1944

Registration District No.

Primary Registration District No. 3016

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Wolfe

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

(c) Name of hospital or institution:
206 Pine St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

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

(d) Street No. 206 Pine St
(If rural, give location)

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

3. (a) PRINT FULL NAME Perry Edmer Freeman

3. (b) If veteran, name was World War #1

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1944 hour 11 minute A M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Sept 15 - 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 25 1944 to Nov 19 1944;
that I last saw him alive on Aug 29 1944;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 2 4 hr. min.

Immediate cause of death Coronary Artery Disease
Due to Periodontal Ulcer with Deformity
Due to.....

Duration 5 yrs
5 yrs

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

10. Usual occupation grocery clerk

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Steering Price Freeman

13. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anney Ann Madden

PHYSICIAN
Underline the cause to which death should be charged statistically.

15. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. P. Freeman

(b) Address Jefferson City Mo

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?.....

17. (a) Burial (b) Date thereof 11-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director James R. Hill

(b) Address Jefferson City Mo

While at work? (Specify type of place)..... (c) Means of injury.....

23. Signature James R. Hill (M. D. or other)
Address Jefferson City Mo Date signed 12-20-44

19. (a) 11-20-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

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

6
5
4

134
-4-44

DEC 4 1944

DEC 1 1944
DEC 4 1944
DEC 4 330

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

11-25-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.