

FILED DEC 28 1944

Registration District No. **1548**

Primary Registration District No. **5572**

Registrar's No. **141**

1. PLACE OF DEATH

(a) County **Jackson**
(b) City or town **Princeton, Warren Co.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Jackson Co. Home for aged Negroes**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community **2 weeks**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **R.C. Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **151 Lydia**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Anna Freeman**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color **Black** 6. (a) Single, widowed, divorced, **married**
6. (b) Name of husband or wife **Henry Freeman** 6. (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased **May 1 1887**
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **1** If less than one day hr. min.

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

10. Usual occupation **Domestic**

11. Industry or business

12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arrested Appington**
(b) Address **1511 Lydia R.C. Mo.**

17. (a) **burial** (b) Date thereof **11/8/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Independence, Mo**

18. (a) Signature of funeral director **Walter Bras**
(b) Address **1729 Lydia R.C. Mo.**

19. (a) **Nov. 8, 1944** (b) **F.M. Schick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11/23** day **2** year **1944** hour **3** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **11/21/44** to **11/23/44**
that I last saw him alive on **11/21/44** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic Convulsions**
Duration

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) (a) Means of injury

Signature **S.H. Griffin** (M.D. or other)
Address **1106 1/2 E. 11th St. R.C. Mo.** Date signed **11/26/44**

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

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. James Marlowe

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.