

FILED JAN 15 1945

Registration District No. 299

Primary Registration District No. 3056

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: 807 W. Reed 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 807 W. Reed
(If rural, give location)

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

3. (a) PRINT FULL NAME Gustave Freysleben

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th
year 1944 hour _____ minute 45 P. M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: May 24th 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1944, to Dec 9th 1944,
that I last saw him alive on Dec 9th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis

8. AGE: Years Months Days If less than one day

85 6 15 hr. _____ min.

Due to _____

Due to _____

9. Birthplace: Ill
(City, town, or county) (State or foreign country)

Other conditions (Includes pregnancy within 3 months of death)

10. Usual occupation Retired

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Gustave Freysleben

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name House Rose

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gustave Freysleben

(b) Address Moberly, 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 Dec 13th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaCrosse, Wis.

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Moham and Son

(b) Address Moberly, Mo

19. (a) 12-13-44 (b) Anna Rose
(Date received local registrar) (Registrar's signature)

23. Signature W. P. Freysleben (M. D. or other) _____
Address Moberly, Mo Date signed 12/13/44

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

88
6
3

RECEIVED

District Health Officer No. 10

District File Number 1-45-123

Date Filed JAN 1 2 1945

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 Frank O. Bennett

Licensed Embalmer No. 3021

P. O. Address Mobley, Md

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.