

FILED FEB 13 1945

Registration District No. 26

Primary Registration District No. 2001

State File No.

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution St. Johns  
(d) Length of stay: In hospital or institution 2 days  
In this community Life 43 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(d) Street No. 2430 Pennsylvania 5  
(e) Citizen of foreign country? No. (Yes or No) 0

3. (a) PRINT Volmer Freidheim  
FULL NAME

3. (b) If veteran, name was No  
3. (c) Social Security No. 491-01-2594

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Billie Alice  
6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased October 31 1901  
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 17  
If less than one day hr. min.

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

10. Usual occupation Advertising

11. Industry or business Joplin, Globe

12. Name Sidney Freidheim

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

14. Maiden name Leticia Havens

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

16. (a) Informant Mrs. Billie Alice Freidheim

(b) Address 2430 Penn Ave. Joplin, Mo.

17. (a) Burial (b) Date thereof Jan 20 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin, Mo.

19. (a) 1-20-45 (b) J. Hurlbut Und Co. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-14-45 to 1-17-45.  
that I last saw him alive on 1-17-45  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Duration 1-14-45

Due to: Cerebral Embolus  
1-15-48

Due to: Pernicious Anemia  
6 months

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

Major findings: Of operations: [Signature]  
Of autopsy: [Signature]

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?  
(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: [Signature] (M. D. or other)  
Address: Joplin, Mo. Date signed: 1/17/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Dr. Howard

45-1-40

AUG 29 1951

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 *Berry R. Dinkler*

Licensed Embalmer No. *959*

P. O. Address *Golden, 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.