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M-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2991
Registrar's No. 2

FILED JAN 20 1945
Registration District No. 201

Primary Registration District No. 5898

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

1. PLACE OF DEATH:

(a) County Ozark

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

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 75 yrs. years, months or days)

3. (a) PRINT FULL NAME Siney E. Freeman

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

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

6. (b) Name of husband or wife John A. Freeman

7. Birth date of deceased March 30 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife own home

11. Industry or business _____

12. Name Jack Smith

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Shipley

(b) Address Dora, Mo. RFD#2

17. (a) Burial (b) Date thereof 9/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cemetery

18. (a) Signature of funeral director McClure Fun. Home

(b) Address Gainesville, Mo.

19. (a) 1-19-45 (b) Margaret Hutchison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Dora- rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1944 hour noon minute _____ M.

21. I hereby certify that I attended the deceased from Jan 5-1944
Aug 15-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
or heart failure
as the leg.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations _____

Of autopsies 1952

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 [Signature] (M. D. or other) _____

Address _____ Date signed 1/14/45

1008

(Licensed Embalmer's Statement on Reverse Side)

1944

FEB 1 1945

FEB 5 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.....

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.