FILED FEB 10 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3918
Do not use this space.

1. PLACE OF DEATH
(a) County Worth — Registration District No. 214
(b) Township or City Sheridan Missouri — Primary Registration District No. 4850 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gilbert H. Freemyer
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Dickey Freemyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 59 years old

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 3 years ago
11. Total time (years) spent in this occupation most of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County Mo

FATHER
13. NAME Andrew J Freemyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jay County Ind

MOTHER
15. MAIDEN NAME Nancy J ALKire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County Missouri

17. INFORMANT (ADDRESS) Jessie Freemyer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheridan Mo DATE Jan 24 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Long & Boyd

20. FILED Feb 1 1945 Maxine Merchant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. , 19

22. I HEREBY CERTIFY, That I attended deceased from March 22 1944, to Jan 22 1945
I last saw h. alive on Jan 21, 1945. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart	2
Pneumonia Bilateral	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.....

John Andrews Jr....., Registered Apprentice No.....

working under my personal supervision.

Signed..... John Andrews Jr

Licensed Embalmer No. 4211

P. O. Address Grant City 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, above space should be left blank.