. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5574

State File No. 5574

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 122

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1401 Jule St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1401 Jule St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Fred S. Freeman
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 7, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	28	hr. min.

9. Birthplace: Tupper Lake, N.Y. (City, town, or county) (State or foreign country)
10. Usual occupation: Restsurant Owner
11. Industry or business:
FATHER 12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: John Mahoney
(b) Address: 2217 South 12th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: 224 South 10th St, St. Joseph, Mo.
19. (a) 2-7-45 (Date received local registrar) (b) Helen L Fickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1945 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from 1-2, 1944 to 2-4, 1944
that I last saw him alive on 2-3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	
General	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: L C Bauman M.D. (M. D. or other)
Address: 620 Francis St Joseph Mo. Date signed: 2-5-45

1377 (Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Siebenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.