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

900

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

Registration District No. 368

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 8906-4396

State File No. 10343

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Wardell, Missouri
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 76

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ross Freil

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clary Freil

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February (Month) 8th (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
56	0	17	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Daniel B. Freil
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clary Freil
(b) Address Wardell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. L. Smith Funeral Home
(b) Address Caruthersville, Missouri

19. (a) 3-3-1945 (Date received local registrar) (b) J. R. Creasy (Registrar's signature)

590

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th year 1945 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased ~~from~~ on Tuesday February 20, 1945, to , 19 , that I last saw him alive on February 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Arteriosclerosis	unknown
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Allen H. Christiancy (M. D. or other) D. O.
Address Kennett, Missouri Date signed 2-27-45

(Licensed Embalmer's Statement on Reverse Side)

3-45-67

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 E E White

Licensed Embalmer No. 4168

P. O. Address Caruthersville 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.