S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27995

FILED AUG 18 1945

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 40

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL - JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1/4 MI. W. OF PARIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

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

(d) Street No. 1/4 MI. W. OF PARIS
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME FESTUS FREEMAN

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 SINGLE

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased APR. (Month) 17, (Day) 1863 (Year)

8. AGE: Years 82 Months 2 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace HANNIBAL (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

FATHER
12. Name GABRIEL FREEMAN
13. Birthplace (City, town, or county) VA. (State or foreign country)

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

16. (a) Informant Pearl Freeman
(b) Address PARIS, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 9, (Day) 1945 (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri.

19. (a) 7/8/45 (Date received local registrar) (b) Mayne Gaston (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month JULY day 7 year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 5, 1945, to July 7, 1945 that I last saw him alive on July 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 Days

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 [signature] (M. D. or other)

Address PARIS, MO Date signed 7/8/45

1514

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-45-1267
Date Filed AUG 16 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 A. G. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris, Missouri.

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.