

FILED DEC 6 1945
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Registration District No. _____

Primary Registration District No. 6159

Registrar's No. _____

1. PLACE OF DEATH: Stone

(a) County: Nauvo

(b) City or town: Williamsburg

(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: Life (Specify whether)

In this community: _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: Stone 104
Missouri

(a) State: _____ (b) County: _____

(c) City or town: Nauvo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country: _____

3. (a) PRINT FULL NAME: ARTHA LOUISE FREEMAN

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: Female / 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: Aug 3 1945 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	4	2	0	hr. min.

9. Birthplace: Nauvo Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name: Henry Freeman

13. Birthplace: Carroll Co. Ark. (City, town, or county) (State or foreign country)

14. Maiden name: Francis Sharp

15. Birthplace: Unknown Calif. (City, town, or county) (State or foreign country)

16. (a) Informant: Henry Freeman

(b) Address: Nauvo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 5 45 (Month) (Day) (Year)

(c) Place: burial or cremation: Mc Collough

18. (a) Signature of funeral director: Nelson Funeral Home

(b) Address: Berryville Ark.

19. (a) 11-27 (Date received local registrar) (b) Myrtle G. Gaforth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 3 1945
year: _____ hour: L minute: 1 A.M. M.

21. I hereby certify that I attended the deceased from Nov. 30 45 to _____ 19____; that I last saw her alive on Nov. 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Typhtheria

Due to: _____

Due to: _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 10 Of autopsy: _____

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: A.C. Roberts (M. D. or other)

Address: Berryville, Ark. Date signed: 11-5-45

Duration: 3 days

PHYSICIAN: _____ Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed W. E. Dummerfield
Licensed Embalmer No. 3007
P. O. Address Berryville Ark

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.