

S. No. 2
M-5-43
5-17-39
I X2687

FILED JAN 25 1946

State File No. _____
Registrar's No. _____ = 19

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Lester Freeman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1946 hour 8 minute 15 A.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 1 13 46
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13 1946 to Jan 14 1946
that I last saw him alive on Jan 14 and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

8. AGE: Years _____ Months _____ Days 1 11 hr 5 min.

Due to Prematurity
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Everett L. Freeman

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Julia Roark

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Freeman

(b) Address Poplar Bluff

17. (a) Burial (b) Date thereof 1/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 1-18-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 exact place) (e) Means of injury _____
Signature [Signature] (M. D. or R. C. P.)
Address Poplar Bluff Mo. Date signed 1-17-46

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

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

234

35

RECEIVED

District Health Office No. 2,

District File Number 146-131

Date Filed 1/22/46

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.