

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2851

State File No. _____

FILED FEB 7 1946

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution: Rams Convalescent Home

(d) Length of stay: In hospital or institution 28 days

In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Clair

(c) City or town Sabersville MO

(d) Street No. _____

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME HENRY ROBERT FREE

3. (b) If veteran name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1946 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from July 1, 1940 to Jan 2, 1946

that I last saw him alive on Dec 20, 1945

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Julia L. Bishop

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Feb 2 1863

Immediate cause of death Heart failure
Arteriosclerosis
Hypertension

8. AGE: Years 72 Months 11 Days _____ If less than one day _____ hr. _____ min.

Due to Chronic Nephritis

Other conditions _____

9. Birthplace Canada

10. Usual occupation Farmer

11. Industry or business _____

12. Name _____

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

Major findings: _____

Of operations: _____

Of autopsy: _____

16. (a) Informant Melvin Juven

(b) Address Rockwell Mo

17. (a) Burial (b) Date thereof Jan 5-46

(c) Place: burial or cremation Local Sabersville

18. (a) Signature of funeral director Frank Lee

(b) Address Clinton City MO

19. (a) 1-5-46 (b) H. P. Kennedy

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

23. Signature H. P. Kennedy (M. D. or other) MD

Address Clinton City MO Date signed 1-29-46

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

MOTHER FATHER

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

City Health Officer No. 7,

March 1-46-25-

Date Filed 2-9-46

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 on the 2nd day of Jan 1946, Registered Apprentice No. 5
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City

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.