

FILED MAR 20 1946

State File No. \_\_\_\_\_  
Registrar's No. 2095

Registration District No. 30 Primary Registration District No. 603-24450

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Doniphan  
(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)  
In this community 24 hours years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Myrtle  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Eugene Stanley Frealy

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 Maggie Fay Tyner

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct. 15 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	57	3	28	

9. Birthplace Wayne County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Sawyer

11. Industry or business Timber

MOTHER FATHER { 12. Name Isaac Frealy

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

14. Maiden name Unknown

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

16. (a) Informant Eugene Frealy

(b) Address Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong, Mo.

18. (a) Signature of funeral director Lee Carr

(b) Address Doniphan, Mo.

19. (a) 2-14-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dehydration of Heart Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Asphyxiation

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 Doniphan Date signed 2/14/46

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

9411

Williams

RECEIVED

District Health Officer No. 8,  
District File Number 34625-0  
Date Filed 3, 18, 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 Self

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... Leo Carr

Licensed Embalmer No. 2852

P. O. Address..... Thayer - Mich

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.