

FILED JUN 5 1948

Registration District No. 73

Primary Registration District No. 4156

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Dade
 (b) City or town South Greenfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution City Streets
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
 In this community 50 years

3. (a) PRINT FULL NAME SHERMAN BUEL FREEDLE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased April 3 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Clyde Freedle
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Harris
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Belcher

(b) Address South Greenfield, Mo.

17. (a) Burial (b) Date thereof 5-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrs Chapel

18. (a) Signature of funeral director Sam E. Bensaney Jr.

(b) Address Greenfield, Mo.

19. (a) 5-20-46 (b) Geo. R. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1946 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4-29 1946, to 5-17 1946 that I last saw him alive on 5-17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Tuberculosis

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None
 Of autopsy None

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? _____

23. Signature Mrs. J. H. D. or other
 Address Greenfield Date signed 5-20-46

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

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

15030

JUN 28 1946

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 *Sam E. Senseney Jr.*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, Mo.*

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.