

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19283**

**FILED JUN 18 1946**

Registration District No. **5**

Primary Registration District No. **6225**

Registrar's No. **62**

**1. PLACE OF DEATH:**

(a) County **Vernon**

(b) City or town **Waltham, Washington Twp**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **State Hospital # 21**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 yrs 6 mo - 10 days**

In this community **4 yrs 6 mo - 10 days**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **McDonald**

(c) City or town **Waltham**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rt 2 # 1**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **LEON FREEMAN**

3. (b) If veteran, **No** name war \_\_\_\_\_

3. (c) Social Security **✓** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **17**  
year **1946** hour **18** minute **9** M.

**21. I hereby certify that I attended the deceased from** **4-4-46**  
\_\_\_\_\_ 19\_\_\_\_ to **5-17 -** 19**46**  
and that death occurred on the date and hour stated above.

I last saw him alive on **5-16 -** 19**46**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married **Single**  
divorced \_\_\_\_\_

6. (c) Age of husband or wife if alive **✓** years \_\_\_\_\_

7. Birth date of deceased **Oct 19 1919**  
(Month) (Day) (Year)

Immediate cause of death: **Cardiovascular disease**

Due to **Past Pneumonia**

Other conditions: **Pulm P. B.**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **26** Months **7** Days **8**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** **Anderson Mo**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **None**

**11. Industry or business:** \_\_\_\_\_

**MOTHER FATHER**

**12. Name:** **H. L. Freeman**

**13. Birthplace:** **Valley Mo**  
(City, town, or county) (State or foreign country)

**14. Maiden name:** **Virginia Doty**

**15. Birthplace:** **Road Mo**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Hospital records**

(b) Address: **Nevada, Mo.**

**17. (a) Burial, cremation, or removal:** **Funeral Home, Nevada, Mo.** (b) Date thereof: **May 18 - 1946**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Lansing Cemetery**

**18. (a) Signature of funeral director:** **Walter K. Hannah**

(b) Address: **Big Horn Highway, Nevada, Mo.**

**19. (a) 5-20-46** (b) **Walter K. Hannah**  
(Date received local registrar) (Registrar's signature)

**Major findings:**

Of operations \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

**23. Signature:** **R. G. Hall M.D.** (M. D. or other)

Address: **Nevada Mo** Dated: **4/16/46**

Duration \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 5-46-563

Date Filed 6-6-46

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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 Harmon H. Lammak

Licensed Embalmer No. 4400

P. O. Address Neosho, 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.