

FILED **OCT 16 1946**

Registration District No. 64

Primary Registration District No. 4110

Registrar's No. 46

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Salisbury
(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 _____ years, months or days

3. (a) PRINT FULL NAME JULIA A. ANN-FREEMAN

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

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

6. (b) Name of husband or wife James Freeman 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Aug 27 - 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Chariton County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Wiley Ferguson
13. Birthplace Howard County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Gorman
15. Birthplace Howard County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Freeman
(b) Address Salisbury Mo.

17. (a) Burial (b) Date thereof Oct. 3 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roughs Mo.

18. (a) Signature of funeral director W. G. Ganseth

(b) Address 1211 South

19. (a) 10/2/46 (b) J. S. Ganseth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton 211
(c) City or town Salisbury
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct - 1, 46
_____ 19____ to Oct 1 _____ 1946

that I last saw her alive on Oct 1 _____ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cranial embolus

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy 947

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. G. Ganseth (M. D. or other) _____

Address Salisbury Mo Date signed 10/2/46

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

31000

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-12-46

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.

Signed *H. D. Bennett*
Licensed Embalmer No. *3046*
P. O. Address *Keystonville 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.