V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39900

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 174

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 203 Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Pleasant Hill, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 203 Walnut 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Mary Eva 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 widowed

6. (b) Name of husband or wife William H. Freeman 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Sept. (Month) 17 (Day) 1860 (Year)

8. AGE: Years 86 Months 2 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Savannah (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business ____

FATHER
12. Name Oscar Davis 4
13. Birthplace ? (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Fuller 2 4
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geo. Callicotte
(b) Address Peora, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.

19. (a) 12-9-1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1946 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 20, 1946, to Nov. 30, 1946, that I last saw her alive on Nov. 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Dr. Myocarditis arterio-sclerosis & hypertension

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

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 L. V. Murray M.D. (M. D. or other)

Address Pleasant Hill, Mo. Date signed 12-3-46

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(Licensed Embalmer's Statement on Reverse Side)

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 .....

By me 11-30-46 ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Allen Bunfuel

Licensed Embalmer No. 3485.

P. O. Address Pleasant Hill. M

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.