

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16125
Registrar's No. 47

Registration District No. 337 Primary Registration District No. 6145

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina - Rural
(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 30 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME DEITA FREELY
3. (b) If veteran, name war. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug - 20 - 1889 (Month) (Day) (Year)

8. AGE: 59 Years 7 Months 11 Days If less than one day hr. min.

9. Birthplace Wayne Co. Ky.
10. Usual occupation Housekeeping

11. Industry or business
12. Name Jean M. Freely
13. Birthplace Nashville Tenn.
14. Maiden name Susan Rivers
15. Birthplace Helton Ga.

16. (a) Informant Mrs. Dora Taylor
(b) Address Shelbina Mo. R. 3
17. (a) Burial (b) Date thereof April 3 - 1947
(c) Place: burial or cremation C.O.O.F. Cemetery

18. (a) Signature of funeral director E.P. Thompson
(b) Address Shelbina Mo.
19. (a) April 28 - 47 (b) Arch J. Jansen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ralls 87
(c) City or town New London - Rural - 9-1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1947 hour 4:00 minute A.M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw her alive on March 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary pneumonia
Due to
Due to
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) 2
(c) Means of injury
23. Signature E.P. Thompson (M. D. or other) DO
Address Shelbina Mo. Date signed 4-27-47

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

RECEIVED
District Health Officer No. 10
District File Number 47-284
Date Filed MAY - 5 1947

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.....

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

Signed *E. P. Thompson*.....

Licensed Embalmer No. *11632*.....

P. O. Address *Shelbyville, 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.