

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34072
Do not use this space.

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FILED NOV 5 1947

1. PLACE OF DEATH

(a) County Jade Registration District No. 93-
(b) Township Smith Primary Registration District No. 53, 44
(c) City Lackwood, Mo. or Lackwood, Mo. (d) Street No. 5-9 45 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary J. Freeman

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
86 1 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Sawkeeper
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

FATHER 13. NAME Geo. H. Stamps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn 1

MOTHER 15. MAIDEN NAME Abanda Montgomery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Leonard Freeman
Lackwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kings Point DATED 10-31-47

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Roy Caldwell
Lackwood, Mo

20. FILE 60-301 19 47 Geo. L. Weir
70 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1947

22. I HEREBY CERTIFY, That I attended deceased from Jan 1944, to Oct 28 1947

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Senility
Other contributory causes of importance: OB A

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James O. White M. D.

(Address) Lackwood, Mo

NOV 20 1947

RECEIVED

District Health Officer No. 6,

District File Number 1147-1155

Date Filed NOV 3 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.....

George W. Newcomb, Registered Apprentice No. 30
working under my personal supervision.

Signed E. J. Caldwell
Licensed Embalmer No. 3380
P. O. Address Lockwood, 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, above space should be left blank.