

S. No. 2
M-5-43
7-5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5357

FILED FEB 28 1948

State File No. _____

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

(c) City or town Luxington 3
(If outside city or town limits, write "RURAL")

(d) Street No. Highland ave 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME AROLD C. FREEMAN

3. (b) If veteran, name war W. War I

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1948 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1948,
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex mao

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Harding

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan 16 1892
(Month) (Day) (Year)

Immediate cause of death
Cerebral failure, Cerebral hemorrhage & pulmonary edema

Due to Edema

Due to Cholerae bacterie

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 55 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Warsaw MO
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

12. Name Thomas A. Freeman

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Eda M. Gutzman

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy 947

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Ethel Freeman

(b) Address Luxington, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48
(Month) (Day) (Year)

(c) Place: burial or cremation Luxington MO

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 [Signature] (M. D. or other) _____

Date signed 1/3/48

18. (a) Signature of funeral director Fairfax J. Dungey

(b) Address Luxington, MO

19. (a) 10 Feb. 48 (Date received local registrar)

(b) [Signature] (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-27-48

Revised

MAR 1 1948

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

Geo. McKeon

Licensed Embalmer No.

2983

P. O. Address

Leungton 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.