

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED MAY 19 1948

Registration District No. 172

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Rafayette

(b) City or town Higginsville Mo
(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 10 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Rafayette

(c) City or town Higginsville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1807 Shelby (If rural, specify location)

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

If yes, name country

3. (a) PRINT FULL NAME Carolene M. Freund

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 6 minute 00 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James Freund 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept 27 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7th 1948 to April 16, 1948 that I last saw her alive on April 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia
Chronic Cardiac Decompensation
Sciurility

Due to

Duration
2 days
3 hrs.
years

8. AGE: Years 71 Months 6 Days 20 If less than one day

9. Birthplace Cole Camp Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

12. Name Louis Grother

13. Birthplace Cole Camp Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mankew

15. Birthplace Cole Camp Mo
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant James Freund
(b) Address Higginsville Mo

17. (a) Burial (b) Date thereof 4-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville

18. (a) Signature of funeral director W. M. Meyers
(b) Address Higginsville Mo

19. (a) May 11 1948 (b) Clayton T. Landrum
(Date received from registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 45

Of autopsy

PHYSICIAN
Underline the cause of 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)

(e) Means of injury

23. Signature Edward Wood (M. D. or other) Address Higginsville, Missouri Date signed 4-12-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-18-48

OCT 14 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

Roy J. Wiegman

Licensed Embalmer No.

2883

P. O. Address

Hagermiller

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.