S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18305

FILED JUN 15 1948

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 1363

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 days (Specify whether
In this community 57 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Saline
(c) City or town Galatia
(If outside city or town limits, write "RURAL")
(d) Street No. - -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OZMENT, Freeman H.
3. (b) If veteran, name war Philippine Insur.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Ozment
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 10, 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	19	hr. min.

9. Birthplace Harrisburg, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Physician
11. Industry or business -
FATHER
12. Name T. W. Ozment
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Russell
15. Birthplace Saline Co., Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address Carrier 4700 Washington Blvd.
19. (a) 6-1-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1948 hour 3:45 minute p. M.
21. I hereby certify that I attended the deceased from April 12, 1948, to May 29, 1948; that I last saw him alive on May 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	Unknown
Due to -	
Due to -	
Other conditions Intestinal obstruction (Include pregnancy within 3 months of death)	
Major findings: Of operations Gastrectomy & Spleenectomy	
Of autopsy No 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) No
(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 Jos. L. Lucido, M.D. (M. D. or other)
Address VAH, Jefferson Bks., Mo. Date signed 5/29/48

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Rex E. Campbell

Licensed Embalmer No. 3801

P. O. Address St Louis, 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.