

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1948

Registration District No. 324

Primary Registration District No. 3072

State File No. 109

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In ambulance enroute to Hospital, City of Marshall, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 18 years (years, months or days)

3. (a) PRINT FULL NAME

James O. Freeman

3. (b) If veteran,

name war... #

3. (c) Social Security

No. 487-01-4433

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille H. Freeman
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased October 13, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 10 hr. min.

9. Birthplace Miami, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Sheriff

11. Industry or business

12. Name Sydney J. Freeman

13. Birthplace Saline Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Prettyman

15. Birthplace Adrian, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Freeman

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 5/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director J. J. Sullivan

(b) Address Marshall, Mo.

19. (a) 5-24-1948 (b) Edith F. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 560 North Benton
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 9 minute 45 a. m.

21. I hereby certify that I attended the deceased from I was notified the death May 23, 1948.
that I last saw him alive on May 23, 1948. 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Homicide

Due to Two gun shots wounds
One through abdomen
Due to One in right shoulder

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 23, 1948
(c) Where did injury occur? Marshall Saline Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. State School, Marshall Mo.
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. J. Sullivan (M. D. or other)
Address Marshall Mo. Date signed 5-24-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-48

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.....

Licensed Embalmer No. 32357

P. O. Address Marshall, 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.