

1. PLACE OF DEATH:

(a) County Jerman

(b) City or town Stevenson

(c) Name of hospital or institution:
1104 South College St.
(If not in hospital or institution, write street number or location)

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

In this community many years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jerman ¹⁰⁸

(c) City or town Stevenson ²
(If outside city or town limits, write "RURAL")

(d) Street No. 1104 S. College ³
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert William Freeman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 3-1, 1948, to 5-31, 1948

that I last saw him alive on 5-18, 1948
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July (Month) 7 (Day) 1873 (Year)

Immediate cause of death Arteriosclerotic heart disease & acute left ventricular failure

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 74 Months 10 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country) _____

14. Maiden name _____

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

Major findings: Of operations ✓ 9

Of autopsy _____

MOTHER { 12. Name _____

FATHER { 13. Birthplace (City, town, or county) (State or foreign country) _____

{ 14. Maiden name _____

{ 15. Birthplace (City, town, or county) (State or foreign country) _____

16. (a) Informant Mrs. G. A. Brink

(b) Address RR 5 Box 617 - Madras, California

17. (a) Burial (b) Date thereof June 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seepwood Cemetery

18. (a) Signature of funeral director Harry Funeral Home

(b) Address Stevenson, Missouri

19. (a) 6-7-48 (b) Kathryn Spencer
(Date received local registrar) (Registrar's signature)

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 Robert Paris (M, D or other) _____
Address Stevenson, Mo. Date signed 6-1-48

Duration _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No.

District File Number 5-48-656

Date Filed 6-18-48

JUN 21 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 Me

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

working under my personal supervision.

Signed

W. E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.