

FILED SEP 7 1948

State File No. _____

Registration District No. 19

Primary Registration District No. 20 28

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal
(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 _____ (Specify whether)

In this community 32 years
years, months or days

3. (a) PRINT FULL NAME George Matthew Freeze

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m. 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased March 6 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Statesville N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer retired

11. Industry or business _____

12. Name Matthew Freeze

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Kath Roseman

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Wilma Freeze

(b) Address Liberal Mo

17. (a) burial (b) Date thereof Sept 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberal Mo

18. (a) Signature of funeral director J. M. Kenney

(b) Address Liberry Kansas

19. (a) Sept 7 48 (b) Matthew Freeze
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Liberal
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/30, 1948 to 8/30, 1948
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 6 days

Due to _____

Due to _____

Other conditions 33%
(Include pregnancy within 3 months of death)

Major findings: Fleble heart action

Of operations _____

Of autopsy no

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) _____ (c) Means of injury _____

23. Signature A. G. Edd (M. D. or other) _____

Address Liberal Mo Date signed 9/2/48

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 21 1940

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 *J. M. J. Decker*

Licensed Embalmer No. *2236*

P. O. Address. *Mulberry, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.