

S. No. 300
M-10-47
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FEDERAL BUREAU OF VITAL AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29466
State File No. _____
Registrar's No. 782

FILED SEP 27 1948
Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Miley E. Freeman
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male (M) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not given (deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 22 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 27 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Freeman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Amada Shanell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Pataliff (Daughter)
(b) Address Mayshfield, Mo

17. (a) Burial (b) Date thereof Sept. 20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roller Cem.

18. (a) Signature of funeral director Kelley Ferrell Bergman

(b) Address Rogersville, Mo.

19. (a) 9-21-48 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rogersville
(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 Sept. day 18, 1948
year 4 hour 05 minute P.M.
21. I hereby certify that I attended the deceased from Sept. 14,
1948 to Sept. 18, 1948
that I last saw him alive on Sept. 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Coronary Thrombosis, Acute,
Myocardial Infarction,
Due to Anterior Pattern 6 da.

Due to Generalized Arteriosclerosis
and Hypostatic Pneumonia
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN
Of operations None
Of autopsy None
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) None
(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 William D. Paul (M. D. or other) ✓
Address Springfield, Missouri Date signed 9/21/48

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.