S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 7 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29603

Primary Registration District No. 5544

Registrar's No. 54

1. PLACE OF DEATH:

(a) County: Howard

(b) City or town: Higbee Mo Rural
(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 years, months or days)
In this community: Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain ~~Vandalia Mo~~

(c) City or town: Vandalia Mo
(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: Billie Wayne Freels

3. (b) If veteran, name war: World War 2.

3. (c) Social Security No.: 494-22-1781

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: June 27 1927 (Month) (Day) (Year)

8. AGE: Years 21 Months 2 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Bowling Green Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Cutter Garment factory

11. Industry or business:

12. Name: George Freels.

13. Birthplace: Curryville Mo (City, town, or county) (State or foreign country)

14. Maiden name: Bessie Brown

15. Birthplace: Curryville Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Bessie Freels

(b) Address: Vandalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Vandalia Mo

18. (a) Signature of funeral director: W.S. Waters

(b) Address: Vandalia Mo.

19. (a) 9-11-1948 (Date received local registrar) (b) Dorothy Jean Ashby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 year 1948 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from ..... 19..., to Sept. 6 1948 that I last saw him ~~alive~~ dead on Sept. 6 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Drowning	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 8 3 36	
Major findings: Of operations:	
Of 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): Drowned

(b) Date of occurrence: September 6, 1948

(c) Where did injury occur? Howard Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On a farm (Specify type of place)

While at work? No (e) Means of injury: water

23. Signature: V S Robinson (M. D. or other) D.O.

Address: Higbee, Mo. Date signed: 9-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-6-48

OCT 21 1948

DEC 10 1948

OCT 13 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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed E. K. Fremont

Licensed Embalmer No. 13978

P. O. Address Glasgow 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Audrain }

State File No.
Local Registrar's No. 54

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of October, 1948, before me appears Bessie Brown Freels, who, upon her oath, states that the original record of ~~birth~~ death for Billie Wayne Freels, died ~~born~~ Sept 6, 1948, in the State of Missouri, and which was filed at Higbee Mo on Sep 6, 1948, should be corrected as follows:

Item No. 3 should read Billie Wayne Freels
Instead of Billie Wayne Dreels

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bessie Freels Mother
Relationship.

514 E. Washington St Vandalia Mo
Present Address.

Subscribed and sworn to before me this 16th day of October, 1948

My Commission expires 9-16-1950 Arch. L. Mattey Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-1-15-42
I X31340

OCT 26 1948

S-29603 1948