

FILED MAR 2 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42941

State File No. _____

Registration District No. 100

Primary Registration District No. 5235

Registrar's No. 12

1. PLACE OF DEATH:

(a) County... CEGAR
(b) City or town... RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles S. of Jerico Springs
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution... _____
(Specify whether
In this community... LIFE
years, months or days)

3. (a) PRINT FULL NAME... LUTHER MASON FREEDLE

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

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

6. (b) Name of husband or wife... STELLA 6. (c) Age of husband or wife if alive... 68 years

7. Birth date of deceased... OCT. 4 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation... FARMER

11. Industry or business... _____

12. Name... WILLIS FREEDLE
13. Birthplace... TENN.
(City, town, or county) (State or foreign country)

14. Maiden name... HARRIET BIAKEMORE

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

16. (a) Informant... CLAUDE FREEDLE
(b) Address... JERICO SPRINGS, MO.

17. (a) BURIAL (b) Date thereof... _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... GREENFIELD CEM.

18. (a) Signature of funeral director... John A. Cantlon
(b) Address... Stockton, Mo.

19. (a) 12-25-48 (b) Michelle M. Eller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... CEGAR
(c) City or town... RURAL
(If outside city or town limits, write "RURAL")
(d) Street No... 2 Miles S. of JERICO SPRINGS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country... _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 48 hour 11 minute _____ a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to 12-17, 19____.

that I last saw h... alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations... _____

Of autopsy... _____

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) _____

(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... 0

23. Signature... SP Barnum (M. D. or other) _____

Address... Jerico Springs Mo Date signed... 12-17-48

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

RECEIVED

District Health Officer No. 71

District File Number 2-19-22

Date Filed 3-23-22

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.....

James L. Bentley....., Registered Apprentice No. 257
working under my personal supervision.

Signed John A. Cantlon
Licensed Embalmer No. 4387

P. O. Address Stackton, Md

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.