

FILED JAN 19 1949

State File No.

Registration District No. 188

Primary Registration District No. 5673

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Old Monroe 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  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Elizabeth Freise

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

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

6. (b) Name of husband or wife Anton Freise 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 4 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	10	6	
				hr. min.

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

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Doublemann

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

14. Maiden name Bitterhoff

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

16. (a) Informant Hubert Freise

(b) Address Old Monroe Mo

17. (a) Burial (b) Date thereof Jan. 12, 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director Wehde & Keithly

(b) Address Old Monroe Mo.

19. (a) 1-11-49 (b) B.C. Neunert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln 5?  
(c) City or town Old Monroe Rural 8  
(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 Jan. day 10  
year 1949 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 2 1949, to 1-10 1949

that I last saw her alive on 1-8 1949

and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 18 yrs

(Chronic)

Due to Arterial Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations HTZ 2

Of autopsy \_\_\_\_\_

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 B.C. Neunert (M. D. or other)

Address Old Monroe Date signed 1-11-49

Date Filed JAN 18 1949

District File Number

District Health Officer No. 9

MAY

RECEIVED

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. Smith*

Licensed Embalmer No.

877

P. O. Address

*Stallion Dr*

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.