

Registration District No. 209

Primary Registration District No. 5767

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Marion - South River Township
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(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 MINNIE D. FREEMAN

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 3 5 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name James Allen

13. Birthplace Lewis Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Martin

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

16. (a) Informant Mrs John Landis

(b) Address Palmyra Mo.

17. (a) Burial (b) Date thereof 2-27-1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia Mo.

18. (a) Signature of funeral director B. M. Allen

(b) Address Philadelphia Missouri

19. (a) 2-28-49 (b) Dr. E. M. Lude
(Date received local registrar) (Physician's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24
year 1949 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from February 20, 1949
that I last saw her alive on Feb. 20, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble + kidney poisoning

Due to Kidneys overworked

Due to on Feb 20 - also in
Other conditions Coronary
(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:

(c) 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) _____
While at work? _____ (Specify type of place)
(Specify type of place) _____ (Specify type of place)
(Specify type of place) _____ (Specify type of place)

23. Signature Dr. E. M. Lude
Address Palmyra Mo.

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

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 *B M Geller*

Licensed Embalmer No. *2437*

P. O. Address. *Philadelphia, Pa.*

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.