

FILED JUN 6 1941

STANDARD CERTIFICATE OF DEATH

State File No. 17953

Registration District No. 349

Primary Registration District No. 5487

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community 8 8 19 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Calhoun Rural
(d) Street No.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULLNAME JACK Freeman (col)

3. (b) If veteran, name war No
3. (c) Social Security No. 02

4. Sex Male 2 race Col
6. (b) Name of husband or wife Ella Freeman
7. Birth date of deceased Aug 10 1859

8. AGE: Years 81 Months 8 Days 19
If less than one day hr. min.

9. Birthplace Henry County Mo

10. Usual occupation Laborer

11. Industry or business
12. Name Jim Freeman
13. Birthplace Dont know
14. Maiden name Sarah Freeman
15. Birthplace Dont know

16. (a) Informant Ella Freeman
(b) Address Calhoun Mo
17. (a) Windsor (b) Date thereof May 2 1941
(c) Place: burial or cremation Windsor Mo

18. (a) Signature of funeral director J. A. Hauser
(b) Address Calhoun Mo

19. (a) May 2 41 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1941 hour 11 30 minute A. M.
21. I hereby certify that I attended the deceased from Apr 29
1941 to Apr 29 1941
that I last saw him alive on April 29 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Labor Pneumonia

Due to Fracture of Left hip
Apr 24 1941
Due to Old age

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 01/2
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Guard W. H. [unclear]
Address Clinton Mo Date signed Apr 20 41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

200

1952
99

RECEIVED

District Health Officer No. 7;

District File Number 6-41-917

Date Filed 6-4-41

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed J. A. Housley

Licensed Embalmer No. 35021

P. O. Address Calhoun 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.