

No. 2
1-2-43
5-17-30
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5390

State File No. _____

FILED MAR 12 1946

Registration District No. 132

Primary Registration District No. 4218

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 W. Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 months
years, months or days

3. (a) PRINT FULL NAME Robert Eugene Freeman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased March 18 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 25 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John F. Freeman

13. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mabel Holton

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

16. (a) Informant John F. Freeman

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 2-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner

(b) Address _____
19. (a) 2-14-44 (b) R. W. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo ~~Windsor~~ (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 404 W. Jackson
(If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1946 hour 3:00 a M. minute _____

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him not dead on Feb 13
and that death occurred on the date and hour stated above.

Immediate cause of death: Probably Pneumonia
Completed by
Breast

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 35

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 R. W. Henry (M.D. or other)

Address Windsor Date signed 2-13

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

4385

222

(Licensed Embalmer's Statement on Reverse Side)

146

RECEIVED

DI

Order No. 71

Number 2-46-230

Date Filed 3-11-46

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clayton Weston

Licensed Embalmer No. 3391

P. O. Address *Wendover 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.