

DEC 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39757  
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 542  
 (b) Township Jackson Primary Registration District No. 5731  
 (c) City Warrensburg (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18, 1879</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>4</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>Henry Freuzid</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria-Hungary</u>		
15. MAIDEN NAME <u>Mary Strobel</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Ben Smith</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burdettown Mo</u> DATE <u>8/6/38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>St. Ann's Church</u> <u>Warrensburg Mo</u>		
20. FILED <u>July 13</u> , 19 <u>38</u> <u>Warrensburg Mo</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 4, 1938  
 I last saw him alive on Aug 4, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Sen

Other contributory causes of importance:  
hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury 8/4, 1938  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. Jones, M. D.  
 (Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12904

STATEMENT BY LICENSED EMBALMER

*McBirmingham*

Licensed Embalmer No.

*3664*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

*me*

L. E.

No. .... or by

Registered Apprentice No.

working under my personal supervision.

Signed

*McBirmingham*

Licensed Embalmer No.

*3664*

**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.)**