

MAY 16 1939

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

14181

Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 59
(b) Township _____ Primary Registration District No. 4034 Registered No. 8
(c) City Cole Camp (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Elizabeth A. Aline Freund
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Freund

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th 1855

7. AGE 85 YEARS 10 MONTHS 10 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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): Cedar county
(STATE OR COUNTRY) Mo13. NAME Adolphus McCall14. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Susan Harrimon16. BIRTHPLACE (CITY OR TOWN): Mo
(STATE OR COUNTRY)17. INFORMANT Mrs. Panny Selover
(ADDRESS) Cole Camp Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 4-6-193919. FUNERAL DIRECTOR (NAME) E. L. Bickhoff
(ADDRESS) Cole Camp Mo20. FILED 4-5-1939 Sue Selover
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-193922. I HEREBY CERTIFY, That I attended deceased from 4-1-39 to 4-4-39, 1939I last saw her alive on 4-3-39, 1939. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset _____Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) Sue Selover, M. D.(Address) Cole Camp Mo

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RECEIVED
District Health Officer No. 7,
District File Number 2-39-691
Date Filed 5-5-39

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. E. Eukhoff*
Licensed Embalmer No. 730
P. O. Address.....

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, above space should be left blank.