

REC'D MAY 11 1939

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

14337
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001
(c) City St. Joseph, Mo. (d) Street No. 1107 Doniphan 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

2. PRINT FULL NAME Dora Freedman

(a) Residence, No. 1107 Doniphan 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of H. Freedman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1884

7. AGE 55 YEARS MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY)13. NAME Dave Mikoziński14. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT H. Freedman (ADDRESS) 1107 Doniphan18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon's Sholem Cem. DATE April 30, 193919. FUNERAL DIRECTOR (NAME) Fleeman & Son, Inc. (ADDRESS) St. Joseph, Mo.20. FILED 5/1/39 19 H. J. Neitzsch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 193922. I HEREBY CERTIFY, That I attended deceased from April 29, 1939, to April 29, 1939I last saw her alive on April 29, 1939 Death is said to have occurred on the date stated above, at 5:30 a. m.

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

terminal pneumonia April 29, 1939
gH

Other contributory causes of importance:

Arterio-sclerosis
Name of operation Urinal Date of
What test confirmed diagnosis Urinal 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 19.....
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) John J. Barnes, M. D.
(Address) St. Joseph, Mo.

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.....

Licensed Embalmer No. *3986*

P.O. Address *St. Joseph*

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.