

Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Southeast of Joplin - Rural
(c) Name of hospital or institution: Rural Southeast of City, Moplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 74 years, 1 mo. 27 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural Southeast of City, Moplin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Florence Freeman 655
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Freeman 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Aug. 27, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 27 hr. min.

9. Birthplace Dennison Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name William Campbell
13. Birthplace W. Va.
14. Maiden name Nancy Campbell
15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul W. Freeman
(b) Address 2216 main

17. (a) Burial (b) Date thereof Oct. 16, '39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director W. Reynolds
(b) Address Joplin, Missouri 372

19. (a) 10-14-39 (b) Ed B. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 14th
year 1939 hour 1:10 minute 2 M.

21. I hereby certify that I attended the deceased from 5 1938 to Oct 14 1939
that I last saw her alive on Oct 13 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Nephritis Duration 3 1/2

Due to _____
Due to 121

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 B Tyler (M. D. or other) 1
Address 2216 Main Date signed 10-14-39

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

Rev. 5-17-39 I X19311

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2245

Date Filed NOV 8 1939

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 F. M. James

Licensed Embalmer No. 2319

P. O. Address Joplin, Missouri

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.