

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

40389
 Do not use this space.

1. PLACE OF DEATH *Newton 2*
 (a) County *Newton 2* Registration District No. *615*
 (b) Township *Marion 1* Primary Registration District No. *5817*
 (c) City *Granby Rht #1* (d) Street No. _____
 (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. (?) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Mrs. Little Belle Freeman*
 (a) Residence, No. *Granby Rht #1* St.
 (Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *FI* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *George Freeman*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 20-1881*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Homemaker*
 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.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 14 1939*
 22. I HEREBY CERTIFY That I attended deceased from *Oct 12*, 19*39*, to *Nov 14*, 19*39*.
 I last saw him alive on *Oct 28*, 19*39*. Death is said to have occurred on the date stated above, at *11:00 a* m.
 The principal cause of death and related causes of importance were as follows:
apoplexy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South East Mo*
 FATHER 13. NAME *James Wiggins*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No record*
 MOTHER 15. MAIDEN NAME *Eva Bulls*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*
 17. INFORMANT (ADDRESS) *George Freeman Granby Rht #1*

Other contributory causes of importance:
a fall which injured his left hip joint

18. BURIAL, CREMATION, OR REMOVAL *Spring Valley Cem* DATE *Nov 15 1939*
 19. FUNERAL DIRECTOR (ADDRESS) *Thornhill-Dellon-Mortuary 4th & Wall Joplin Mo.*
 20. FILED *Nov 15 1939 Mrs. U. S. Chapman* Local Registrar.

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 _____, 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 *fell in the floor*
 Nature of injury *to hip joint*
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *R. P. Cheatham*, M. D.
 (Address) *Diamond Mo.*

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 Officer No. 6,

District File Number 1239-2420

Date Filed DEC 5 1939

*186
99*

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

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 David Dillon
Licensed Embalmer No. 3898

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Newton

Registration District No. 615

(b) Township Marion

Primary Registration District No. 3817

Registered No. 25

(c) City

(d) Street No. (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

Mrs Kittie Belle Freeman

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

4

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from to to 19

I last saw him alive on 19. 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

Date of onset

date of fall Oct-4. The fall was caused by high blood pressure but she just had a stroke for several days

Other contributory causes of importance: possibly which occurred his left hip joint

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 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?

If so, specify

(Signed) A. F. Cheatham M. D.

(Address) Diamond Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ALL INFORMATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

