

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

Rev. 5-17-39 I 1 x10511

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.

State File No. \_\_\_\_\_

Registrar's No. 90

Registration District No. 457 Primary Registration District No. 5621B

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Concordia Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Freedom Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community all her life (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Freedom Township  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MRS. MARTHA FREUND

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

4. Sex Female 5. Color or race Whit

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 6 - 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Concordia Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mrs. Glaundermeyer

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Christina Brunst

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Le Theo Freund

(b) Address Concordia Mo

17. (a) Burial (b) Date thereof 12-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Pauls Cemetery

18. (a) Signature of funeral director Franklin Vaigt

(b) Address Concordia Mo

19. (a) 12-26-40 (b) Freund and Shayman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 25  
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15<sup>th</sup>  
1936 to Dec 25 19 40  
that I last saw her alive on Dec 24 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to \_\_\_\_\_

Due to 49

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? 412  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. T. Freund (M. D. or other) \_\_\_\_\_

Address Concordia Mo. Date signed 12/26/40

RECEIVED  
District Health Officer No. 8,  
District File Number  
1-3-47  
Date Filed

**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. B. Freckling* *F. C. Veigt*  
*2959* *1511*  
Licensed Embalmer No.....  
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.**