

S. No. 2
1-4-13-40
v. 5-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2518

State File No. _____

Registrar's No. 35-

Registration District No. 292

Primary Registration District No. 5-410

3600

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

1. PLACE OF DEATH:

(a) County Franklin, Bond Co.

(b) City or town Quail, RR #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none - 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 3 yrs.
years, months or days

3. (a) PRINT FULL NAME CHILDERS FREEMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased March 8 - 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>10</u>	<u>16</u>	hr. min.

9. Birthplace not known / Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation quit retired

11. Industry or business

MOTHER FATHER {

12. Name not known

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mat Ferguson

(b) Address Washington, RR #1

17. (a) Burial (b) Date thereof 1-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Oba Lee

(b) Address Washington, Mo.

19. (a) Jan 25 - 41 (b) Jeffie Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. RR #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1941 hour 10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 1940
_____, 19____, to January 24, 1941

that I last saw him alive on January 22, 1941, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Age

Due to _____ 97

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? 2105
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. M. ... (M. D. or other) _____
Address Washington, Mo. Date signed Jan 25

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.....

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, fact should be so stated above.