

Registration District No. 384Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Howell
 (b) City or town WEST PLAINS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CHRISTA-HOGAN HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 44 days
 (Specify whether
 In this community 39 yrs
 years, months or days)

3. (a) PRINT FULL NAME JOSEPH J. FREEMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MARCH 25 1865
(Month) (Day) (Year)8. AGE: Years 75-85 Months 9 Days 11 If less than one day hr. _____ min. _____9. Birthplace MT PLEASANT IOWA
(City, town, or county) (State or foreign country)10. Usual occupation MERCHANT11. Industry or business DRY GOODS12. Name JOSEPH H. FREEMAN13. Birthplace TENN. 1
(City, town, or county) (State or foreign country)14. Maiden name MARY BELL
(City, town, or county) (State or foreign country)15. Birthplace TENN. 1
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. H. Freeman(b) Address MANSFIELD MO17. (a) REMOVAL (b) Date thereof JAN 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MANSFIELD MO18. (a) Signature of funeral director Chas. Steffe(b) Address MANSFIELD MO19. (a) 1-6-41 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County Howell
 (c) City or town WEST PLAINS
 (If outside city or town limits, write "RURAL")
 (d) Street No. CHRISTA-HOGAN-HOSPITAL
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6
year 1941 hour 12 minute 30 P.M.21. I hereby certify that I attended the deceased from
11-23- 1940, to 1-6- 1941;
that I last saw him alive on 1-6- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchial PneumoniaDue to Cerebral Hemorrhage

Due to _____

Other conditions
(Include pregnancy within 3 months of death) gizhMajor findings:
Of operations NoneOf autopsy None

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? _____

23. Signature _____ (Specify type of place) _____ (e) Means of injury _____

28. Signature W. H. Hogan (M.D. or other) _____
Address West Plains Mo Date signed 1/10/41

RECEIVED

District Health Officer No. 5,

District File Number 241131

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. A. Steffe
Licensed Embalmer No. 3221
P. O. Address Manfield Mo

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.