No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3086

Registration District No. 431 | Primary Registration District No. 3023 | Registrar's No. 12

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days)
In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(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.? 0 years.

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3. (a) PRINT FULL NAME Nellie Freeman

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

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 April (Month) 2 (Day) 1890 (Year)

8. AGE: Years 50 | Months 9 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name James J. Freeman
13. Birthplace Pettis Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ida Anthony
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Harmony Freeman
(b) Address Turner Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-16-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Springs Cem

18. (a) Signature of funeral director Queenie Phillips
(b) Address Warrensburg Mo.

19. (a) Jan 18-1941 (Date received local registrar) Bertha Stenberg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1941 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1940, 19.., to Jan 15, 1941, 19.., that I last saw her alive on Jan 15, 1941, 19.., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 year
Due to	
Due to 1016	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of 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?
While at work? (Specify type of place) (e) Means of injury

23. Signature W. R. Patterson (M. D. or other) D
Address Warrensburg Mo. Date signed 1-16-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-14-41

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 S Ray Swaney, Registered Apprentice No. _____ working under my personal supervision.

Signed S Ray Swaney

Licensed Embalmer No. 1121

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.