

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 N. Blanch St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 16 Years
years, months or days)

3. (a) PRINT FULL NAME Robert Lee Freeman

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased February 8th, 1868
(Month) (Day) (Year)

8. AGE: Years 73
Months 2
Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Sanfrancis, Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Ret'd Farmer

11. Industry or business

12. Name Thomas Freeman

13. Birthplace Unknown Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Addie Northcross

15. Birthplace Unknown Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Addie Burnett

(b) Address 209 Blanch St., Carthage, Mo.

17. (a) Burial (b) Date thereof 5-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) May 4, 1941 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 209 North Blanch St. 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1941 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1939
to May 1st 1941
that I last saw him alive on Dec 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration 6 years

Due to Chronic Sepsitis
Due to _____

Other conditions Arthritis Deformans 25 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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. J. McEntire (M. D. or other) W.M.D.
Address Carthage, Mo. Date signed 5/5/41

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

X26390

41-6-563

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..... *Eddie*

Licensed Embalmer No. *2922*

P. O. Address. *Carthage*

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.