

FILED SEP 11 1941

Primary Registration District No. 4090

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson
(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. ? _____ years.

3. (a) PRINT FULL NAME Christian M FREEMAN
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angie Proffer Freeman 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 28 (Month) 1878 (Day) (Year)

8. AGE: Years 63 Months 10 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Rupely Scheriff

11. Industry or business _____
12. Name Joe Freeman
18. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Marie Dickman
16. Birthplace Missouri (City, town, or county) (State or foreign country)

18. (a) Informant's own signature Mrs Christ Freeman
(b) Address Jackson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director McComb & Co
(b) Address Jackson Mo

19. (a) 8-30-41 (Date received local registrar) (b) D. S. Seibert (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 29 year 1941 hour 11 minute _____ P. M.
21. I hereby certify that I attended the deceased from 5-26-41 to 8-29-41 1941; that I last saw him alive on 8-28-41 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart failure Duration _____
Due to Chronic myocarditis with embolus
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 939
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Alfred Eates (M. D. or other) _____
Address Jackson Date signed 8-30-41

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.

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. 3057

P. O. Address Jackson 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.