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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. M. J. ...
State File No. 13522
Registrar's No. _____

FILLED NOV 13 1941
Registration District No. 1076

Primary Registration District No. 5810

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin - "Rural"
(c) Name of hospital or institution: Freeman Farm, S E of City
(d) Length of stay: In hospital or institution 73 years
In this community 73 years

3. (a) PRINT FULL NAME John Welker 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 widowed
6. (b) Name of husband or wife Florence Freeman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 17, 1863

8. AGE: Years 77 Months 10 Days 13
If less than one day hr. _____ min. _____

9. Birthplace Ashland Illinois

10. Usual occupation Retired Real Estate Dealer

11. Industry or business _____

MOTHER FATHER { 12. Name James S Freeman
13. Birthplace Washington County, Ill.
14. Maiden name Sarah Katherine Welker
15. Birthplace Pennsylvania,

16. (a) Informant Katherine Sebastian
(b) Address 3218 Oakridge, Joplin, Mo.

17. (a) Burial (b) Date thereof 10-2-41
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri

19. (a) 10-10-41 (b) E. D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Joplin, Rural
(d) Street No. S E of City
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 30th
year 1941 hour 10:00 minute p M.

21. I hereby certify that I attended the deceased from Sept 9, 1941 to Sept 30, 1941
that I last saw him alive on Sept 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to Chronic Nephritis
Due to _____

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: 1318
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
23. Signature E. D. James (M. D. or other) 10-10-41
Date signed 10-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1141-1648

Date Filed NOV 8 1941

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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Japhin m

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.