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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED NOV 12 1943

Registration District No. 93

Primary Registration District No. 5655

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 179 days
(Specify whether
In this community 179 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bernardo R. Freeland

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Radford 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 27 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 3 If less than one day
hr. min.

9. Birthplace Madona Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ruby Freeland
13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sage
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon

17. (a) buried (b) Date thereof Oct 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Butler Mo

18. (a) Signature of funeral director Edward R. Kersey

(b) Address Butler Mo

19. (a) Oct 12 43 (b) Cathy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1943 hour 5 minute 10 A. M.
21. I hereby certify that I attended the deceased from April 15, 1943, to Oct 9, 1943
that I last saw him alive on Oct. 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 1 yr.
Pulmonary tuberculosis 1 yr.
Due to _____

Due to _____
Other conditions tuberculosis of brain 6 weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 13 fl!
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. Stoecker (M. D. or other) _____

Address Butler Mo Date signed 10-10-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1143-1197

Date Filed NOV 3 1943

JUN 18 1947

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 C. G. Cullum
Licensed Embalmer No. 2576
P. O. Address Butte, 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, fact should be so stated above.