

FILED DEC 9 1943
Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Mouett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 3 or 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Pioneer
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Martha Belle Freeland

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th
year 1943 hour 2 minute 30 P.M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. P. L. Freeland

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May 22 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15th 1943 to Nov. 4, 1943
that I last saw her alive on Nov. 4, 43
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73 5 12 hr. min.

Immediate cause of death _____

Due to Myocarditis

Due to _____

Other conditions Senile atherosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Near Cassville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name John Hobson

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary Troxel

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 9321

16. (a) Informant Mrs. Tom Hanlon

(b) Address 708-5th at Mouett Mo

17. (a) Burial (b) Date thereof 11-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncie Chapel, Barry Co. Mo.

18. (a) Signature of funeral director Callaway

(b) Address Mouett Mo

19. (a) Nov. 6-1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature J. O. Kelly (M. D. or other) _____

Address Mouett Mo. Date signed 11/6/43

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1314

Date Filed DEC 7 1943

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

J. P. Buchanan

Licensed Embalmer No.

3179

P. O. Address

Monett 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.