

8 No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 11 1944

Registration District No. 42

Primary Registration District No. 5331

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural; Cedar twshp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1 mile E. of Sylvania  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 48 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

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

(d) Street No. 1 mile E. of Sylvania  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Sylvaa B. Freund

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month December day 12  
year 1943 hour 6 A. minute 0 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Arthur W. Freund

6. (c) Age of husband or wife if alive 22 years 1895 (Year)

7. Birth date of deceased July 22 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-1- 1943 to 12-10- 1943  
that I last saw her alive on 12-10- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of uterus Duration

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

<u>48</u>	<u>4</u>	<u>20</u>	hr. _____ min.
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Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Dade County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Other conditions H&P  
(Include pregnancy within 3 months of death)

11. Industry or business Home

12. Name Arthur Grider

13. Birthplace DADE Co. MISSOURIO  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Courtney

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur W. Freund

(b) Address Lockwood, Mo. R # 1

17. (a) Burial (b) Date thereof 12-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Over Cemetery

18. (a) Signature of funeral director ward funeral home

(b) Address Greenfield, Mo.

19. (a) Dec. 15, 1943 Benjamin McReiner  
(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) (e) Means of injury \_\_\_\_\_

23. Signature J. D. Combs (M. D. or other)  
Address Lockwood Mo. Date signed 12-15-43

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

MOTHER FATHER

1183

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 144-23

Date Filed 1-6-43

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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 Sam E. Sweeney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.