U. S. No. 2
100M—2-43
Rev. 5-17-39
Form I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26671

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 231

**1. PLACE OF DEATH:**

(a) County: Cooper

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

(c) Name of hospital or institution: St Joseph (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 5 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: Howard

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

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

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

If yes, name country ____

3. (a) PRINT FULL NAME: MELVILLE HENRY FREESE

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: Married

6. (b) Name of ~~husband~~ or wife: Emma C. Freese

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: Dec. 24 (Month) 1894 (Day) (Year)

8. AGE: Years 51 Months 7 Days 14 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Carpenter + Contractor

11. Industry or business ____

FATHER 12. Name: William Freese

FATHER 13. Birthplace: Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Lettie Conrad

MOTHER 15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Emma C. Freese

(b) Address: Franklin Mo. R.R. 1

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 8-10-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Grove (Boonville)

18. (a) Signature of funeral director: C. L. Duncan

(b) Address: New Franklin Mo.

19. (a) Aug 14, 1946 (Date received local registrar) (b) Clay Morris (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 8 year: 1946 hour: 9 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Aug 8, 1946 to Aug 8, 1946 that I last saw him alive on Aug 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture Skull — Duration: 1 hour

Due to: Fall from wall of building under construction

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: none Of autopsy: none

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): accident 29

(b) Date of occurrence: Aug 8-1946

(c) Where did injury occur? Boonville (City or town) Cooper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Building Elevator under construct (Specify type of place)

While at work? Yes (e) Means of injury: Fall

23. Signature: L. L. Chamberlain (M. D. or other)

Address: New Franklin Mo Date signed: 8-14-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 9-7-46

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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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.**