

No. 3
17-59
X37823

FILED MAR 6 1947

Registration District No. 17

Primary Registration District No. 5304

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Bragito, Rural, Mo.
(If outside city or town limits, with "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
Life (Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ella Amelia Freshley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 16, 1907
(Month) (Day) (Year)

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

40 1 8 _____ hr. _____ min.

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

10. Usual occupation House-maid

11. Industry or business _____

MOTHER FATHER { 12. Name John Freshley

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

14. Maiden name Barbra Kirsbänger

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

16. (a) Informant Pet. Freshley

(b) Address Russellville, Mo.

17. (a) Burial (b) Date thereof 2-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stringtown, Mo.

18. (a) Signature of funeral director H. Schuchert

(b) Address Russellville, Mo.

19. (a) 3-12-47 (b) R.P. Downs M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, with "RURAL")

(d) Street No. 119 W. Atchison
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24
year 1947 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from 16th Feb.
1947, to 24th Feb., 1947.

that I last saw her alive on 24th Feb., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Menopausal Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94P

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? _____ (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)

(a) Means of injury St

23. Signature Leon B. Lake M.D. (M.D. or other)

Address Jefferson City, Mo. Date signed 2-25-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

68

RECEIVED
District Health Officer No. 9,
District No. _____
Date Filed 3/5/47

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. 2820 working under my personal supervision.

Signed *R. Schuchert*
Licensed Embalmer No. 2820
P. O. Address *Russellville, 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.

Registration District No. 77 Primary Registration District No. 530x

1. PLACE OF DEATH:
(a) County cole
(b) City or town Proctor Rural
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 119 W. Atchison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Amelia Freshley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Feb Day 24 year 1947 hour _____ minute _____ M. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased: Jan 16 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death coronary occlusion

8. AGE: Years 40 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

Due to menopausal hypertension
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name John Freshley
13. Birthplace Ishman MO
14. Maiden name Baiba Kirschner
15. Birthplace Stringtown MO
16. (a) Informant Pet Freshley
(b) Address Russellville MO
17. (a) _____ (b) Date thereof 2-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stringtown MO
18. (a) Signature of funeral director H. Johnson
(b) Address Russellville MO
19. (a) 3-13-47 (b) R. G. Harris MD
(Date received local registrar) (Registrar's signature)

Major findings: _____
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? _____ (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 Levan B. Lake MD (M. D. or other) _____
Address Jefferson City MO Date signed 2-25-47

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-4387