

No. 2
-12-45-
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5331
Registrar's No. 28

FILED FEB 23 1947
Registration District No. 3837

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. 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 297
(Specify whether years, months or days)

In this community 297

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville
(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 Frank Freeman

3. (b) If veteran, name war No

3. (c) Social Security No. 498-14-8687

4. Sex male

5. Color or race Negro

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

6. (b) Name of husband or wife Sallie

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb. 20 1913
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1947 hour 2:35 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 22, 1946 to Feb. 13, 1947
that I last saw him alive on Feb. 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary tuberculosis
Duration Over 1 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>11</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Oakland Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Freeman

{ 13. Birthplace Oakland Mississippi
(City, town, or county) (State or foreign country)

{ 14. Maiden name Betty Fast

{ 15. Birthplace Oakland Mississippi
(City, town, or county) (State or foreign country)

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

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

17. (c) Removal (Burial, cremation, or removal) (b) Date thereof 2-14-47
(Month) (Day) (Year)

(c) Place: burial or cremation Benton Harbor, Mich

18. (a) Signature of funeral director Mr. Vernon

(b) Address 2-14-47

19. (a) 2-14-47 (Date received local registrar)

(b) [Signature] (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Y. F. Luykawa (M. D. or other) Med

Address Mt. Vernon, Missouri Date signed 2-13-47

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RECEIVED

District Health Officer No. 6;

District File Number 247-245

Date Filed FEB 18 1947

MAY 2 1955

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address McDonough 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.