

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7715  
Registration District No. 1  
Primary Registration District No. 3000  
Registrar's No. 60

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Keokuk  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number or location) 4  
(d) Length of stay: In hospital or institution 6 mo (Specify whether  
In this community 6 mo years, months or days)

3. (a) PRINT FULL NAME FLOYD FREEMEYER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Clara Freemyer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 24 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name John Freemyer

13. Birthplace Keokuk Ia (City, town, or county) (State or foreign country)

14. Maiden name Clara Freemyer

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

16. (a) Informant Bertie Mathews

(b) Address Parsons, Mo.

17. (a) Removal (b) Date thereof 3-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation Asajora Cem.

18. (a) Signature of funeral director Arch C. Dangle

(b) Address Frank City, Mo.

19. (a) 3-10-47 (b) W. H. Lambert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Adair  
(c) City or town Keokuk, Mo. (If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1947 hour 12 minute 20 P.M.  
21. I hereby certify that I attended the deceased from Feb 6 1947 to March 7 1947;  
that I last saw him alive on March 6 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenzal pneumonia Duration 1 day

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

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

Other conditions Senile Dementia (include pregnancy within 3 months of death)

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

Of autopsy 33A

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 2

23. Signature M. T. Litusku (For other) Ed

Address Keokuk, Mo. Date signed 3-7-47

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

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-516  
Date Filed MAR 18 1947

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..... *Arch C. Dunfee*.....

Licensed Embalmer No. 32502

P. O. Address..... *Grant City, 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.