No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 11 1948
Registration District No. 247

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4366

State File No. 17065
Registrar's No. 28

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town GRANBY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GRANBY COMMUNITY Hospital
(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 NEWTON 73
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. GRANBY Mo. RFD #1 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARGARET FREEMAN
3. (b) If veteran, name war NONE
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased FEBRUARY (Month) 19 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	10	..... hr. ..... min.

9. Birthplace NEWTON COUNTY (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation HOUSEWIFE
11. Industry or business .....
FATHER
12. Name PATRICK NORMILE
13. Birthplace ..... (City, town, or county) IRELAND (State or foreign country) 4
MOTHER
14. Maiden name BRIDGET CULLEN
15. Birthplace ..... (City, town, or county) IRELAND (State or foreign country) 4
16. (a) Informant Shirley Freeman
(b) Address Granby Mo. R#1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation NEWTONIA I.O.O.F. CEM.
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) June 2-48 (Date received local registrar) (b) M. L. Young (Registrar's signature) 7/25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29
year 1948 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from on May 29, 1948, to ....., 19....;
that I last saw her alive on May 29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Failure	
Due to Cerebro vascular accident	7 hours
Due to Cardio renal hypertensive disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

1310

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Charles O Chase (M. D. or other) DO
Address Granby Mo. Date signed 6-2-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1950

OCT 6 1948

RECEIVED

District Health Officer No. Newton

District File Number 648-319

Date Filed 6-10-48

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 Cooley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.