No. 2
I—5-43
5-17-39
I K36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18464

Registration District No. 354 Primary Registration District No. 4519 Registrar's No.

**1. PLACE OF DEATH:**
(a) County TEXAS
(b) City or town Cabool Burdine
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community 10 Yrs.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Texas 109
(c) City or town Cabool
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME ALVIN SHERMAN FREEMAN
3. (b) If veteran, name war None
3. (c) Social Security No. 493-16-5057
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Freeman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June (Month) 21 (Day) 1890 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 10 | 17 | hr. min. |

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Broker
11. Industry or business
FATHER 12. Name Thomas Freeman
13. Birthplace (City, town, or county) Ill. (State or foreign country) 1
MOTHER 14. Maiden name Mollie Ishne
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Alice Freeman
(b) Address Cabool, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Cabool, Mo.
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool, Mo.
19. (a) May 10 (Date received by local registrar) (b) Gaynell Cunningham (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 8 year 1948 hour 12:30 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death GUN SHOT WOUND IN RIGHT TEMPLE BULIT COME OUT LEFT
Due to SIDE OF HEAD
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) SUICIDE 107
(b) Date of occurrence MAY 8, 1948
(c) Where did injury occur? CABOOL TEXAS MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. R. Wommack Jr. CORONER (M. D. or other)
Address HOUSTON, MO Date signed 5/10/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 : 1948

RECEIVED 6-9-48
District Health Officer No. 5,
District File Number 48 383
Date Filed 6-9-48

## 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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.**