

Registration District No. 13

Primary Registration District No. 4026
DELAYED

Registrar's No.

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Purdy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Love Freeze
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis Freeze
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 10 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 5 Chr. min.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business For Rawleigh Product Co

12. Name Elbert Freeze

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

14. Maiden name Jane Hankins

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

16. (a) Informant Mrs Francis Freeze

(b) Address Purdy, Missouri

17. (a) Burial (b) Date thereof 9-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem. Exeter Mo.

18. (a) Signature of funeral director Wm Marie Logue

(b) Address Wheaton, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Purdy, Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 15
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1948 1948 to Sept 15 1948
that I last saw him alive on Sept 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia due to Prostatism with retention
Due to retention

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 792X

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

23. Signature J. S. Bardwin (M. D. or other)

Address Purdy Mo Date signed 9-18-48

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

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 Wm. Morris Poynor
Licensed Embalmer No. 37842
P. O. Address Wheaton, 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.