

REC'D MAR 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8379
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 865
 (b) Township Shawnee Primary Registration District No. 6149 Registered No. 6
 (c) City Frick (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Roselia Frances Frick 620
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. O. Frick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. Household
 10. Date deceased last worked at this occupation (month and year) Jan 1938 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

FATHER 13. NAME William Brannagh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Julia A. Haver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

17. INFORMANT (ADDRESS) H. C. Buhler Frick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE 5-5-38

19. FUNERAL DIRECTOR (ADDRESS) Smith Ferguson

20. FILED 2-3-38 1938 H. D. Reed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to _____, 19____

I last saw him alive on Feb 2, 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Labour Immune

Other contributory causes of importance: Flu

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Lula Randall, M. D.
Lula Randall (Address) Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Ernest E Ferguson Licensed Embalmer No. 3945
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ernest E Ferguson
L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Ernest E Ferguson
Licensed Embalmer No. 3945

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.)