

REC OCT 20 1938

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

32112
Do not use this space.

1. PLACE OF DEATH

(a) County dent Registration District No. 266
 (b) Township Short Bend Primary Registration District No. 5277 Registered No. 64
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lara Frizell (Laura Frizzell)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 11 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dent Co Mo

FATHER 13. NAME Jef Frizell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood Mo

MOTHER 15. MAIDEN NAME Mary Biggs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dent Co Mo

17. INFORMANT (ADDRESS) Jef Frizell
Salina Mo R 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellis Cemetery DATE 9/27 1938

19. FUNERAL DIRECTOR (ADDRESS) H. H. Johnson
Salina Mo

20. FILED Sept 27 1938 F. E. Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1938 to Sept 26 1938
 I last saw her alive on Sept 26 1938 at 4:50 PM Death is said to have occurred on the date stated above, at 4:50 PM.
 The principal cause of death and related causes of importance were as follows:
puerperal sepsis
 Date of Onset 9/1/38

Other contributory causes of importance: 145

Name of operation none Date of
 What test confirmed diagnosis? clinical path Was an autopsy? no

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? no
 If so, specify
 (Signed) Stood H. Hunt M. D.
 (Address) Salina Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, H. D. Hobson, Licensed Embalmer No. 928

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ not embalmed

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed H. D. Hobson

Licensed Embalmer No. _____

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