

REC'D APR 18 1939

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

10438
Do not use this space.

1. PLACE OF DEATH
(a) County Cedar Registration District No. 163
(b) Township Eldorado Springs Primary Registration District No. 4095 Registered No. 21
(c) City Eldorado Springs (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Rufus A Frieze
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF Hannelle E Frieze
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-27-1856
- | | | | | |
|--------|-----------|-----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>82</u> | <u>10</u> | <u>21</u> | |
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Mo.
- FATHER
13. NAME Elbert S Frieze
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Virginia
- MOTHER
15. MAIDEN NAME Jarah L Marshall
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Virginia
17. INFORMANT Geo Frieze
(ADDRESS) Eldorado Springs, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wagoner DATE 3-19 1939
19. FUNERAL DIRECTOR (NAME) Worm-Aders
(ADDRESS) Eldorado Springs, Mo
20. FILED 3-18- 1939 J. W. Dawson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-18 1939
22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to March 18, 1939
I last saw him live on Mar 17, 1939. Death is said to have occurred on the date stated above, at 6:4 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
g 2 1/2
- Other contributory causes of importance: _____
- 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? No
If so, specify _____
(Signed) F. J. Dunaway, M. D.
(Address) Eldorado Springs, Mo

RECEIVED

District Health Officer No. 7.

District File Number 7-39-595

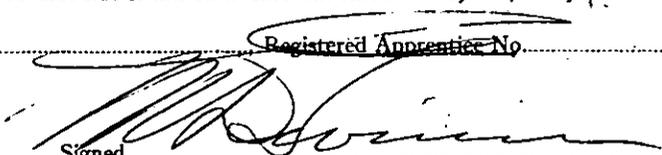
Date Filed 4-14-39

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 

Licensed Embalmer No. 2034

P. O. Address Edwards Ferry, Md.

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, above space should be left blank.