

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.

FILED FEB 12 1941

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

2850
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
(b) Township Davis Primary Registration District No. 4279
(c) City Higginsville (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.

Registered No. 4

2. PRINT FULL NAME Frank D. George

(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 Margaret Cullen (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-26-1864

7. AGE YEARS 75 MONTHS _____ DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Pennsylvania (STATE OR COUNTRY)

13. NAME unknown

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Alfred Schultze (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville Mo. DATE Jan 25, 1940

19. FUNERAL DIRECTOR (NAME) A. H. Hader (ADDRESS) Higginsville Mo.

20. FILED Jan 30 1940 T. J. Webb Local Registrar. (Address) Higginsville, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1940

I HEREBY CERTIFY That I attended deceased from Dec 28 1938 to Jan 23 1940

I last saw him alive on Jan 1st 1940. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Chronic Nephritis
Atherosclerosis
Other contributory causes of importance:
Malnutrition
Secondary Anemia

Date of onset

Name of operation none Date of _____
What test confirmed diagnosis? none Was there 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) Ewert Moore, M. D.

RECEIVED
District Health Officer No. 8,
District File Number 10/140
Date Filed

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.....

..... Forest Riekhof, Registered Apprentice No.....
working under my personal supervision.

Signed Forest Riekhof

Licensed Embalmer No. 3637

P. O. Address Higginsville 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, above space should be left blank.

