

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

whicker
State File No. **39460**
Registrar's No. **351**

Registration District No. **668**

Primary Registration District No. **3032**

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
325 North Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 325 North Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Henry Fredrick Fricke

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

8. (b) Name of husband or wife Anna Belle Fricke 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. 7 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Presiding Judge

11. Industry or business Pettis County

12. Name Henry Fricke

13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Koster

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

16. (a) Informant Mrs. Henry F. Fricke
(b) Address Sedalia, Mo. 325 N. Prospect.

17. (a) Burial (b) Date thereof Nov. 11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park
(e) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 11/11/40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1940 hour 5 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 4, 1940
_____ 19____, to Nov. 8, 1940;
that I last saw him alive on Nov. 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostatic Cancer

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 500 1/2 S. Ohio Sedalia Date signed 11-11-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-40

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.