

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

42272
Do not use this space.

1. PLACE OF DEATH
(a) County Crawford Registration District No. 230
(b) Township Bentley Primary Registration District No. 4140 Registered No. 53
(c) City Cuba MO (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 Andrew P. Fredericksen
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosau Fredericksen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>6</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Michigan

FATHER
13. NAME Cristofor Fredericksen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
15. MAIDEN NAME Lavin Andersen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) Ges Albert Fredericksen Cuba MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericksen DATE 3/21 1939

19. FUNERAL DIRECTOR (ADDRESS) J. J. Jones Wheelville MO

20. FILED Apr 3, 1939 G. G. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/6 1939, to 3/19 1939. I last saw him alive on 3/19 1939. Death is said to have occurred on the date stated above, at 4:00 AM. The principal cause of death and related causes of importance were as follows:
Paralytic illness Date of onset 3/13/39
Myocarditis 127 1939

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury _____, 19____
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Julian Andersen M.D. (Address) Cuba MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

STATEMENT BY LICENSED EMBALMER

I,

L. J. Jones

Licensed Embalmer No.

2379

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)