

FILED JAN 16 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42634

State File No.

Registration District No. 347

Primary Registration District No. 2018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(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

8. (a) PRINT FULL NAME JOE ED FRIESE

8. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 9 24  
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Henry Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Lee Friesz

18. Birthplace mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Graft

15. Birthplace Henry Co mo  
(City, town or county) (State or foreign country)

16. (a) Informant Ruth Graft

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 12-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethelham

18. (a) Signature of funeral director Consalvus Peck

(b) Address Clinton mo

19. (a) Dec 23 1940 (b) Dr. J. R. Hamilton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry

(c) City or town Clinton mo  
(If outside city or town limits, write "RURAL")

(d) Street No. South 2nd st  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 8 1940 to Dec 8 1940

that I last saw him alive on Dec 8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral hemorrhage

fractured ribs

Due to fractured ribs

Due to fractured ribs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy not done

Duration

2 hrs

1

1

1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec 8, 1940

(c) Where did injury occur? Clinton, Mo Henry Co  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

312 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joseph Lee Friesz (M. D. or other) \_\_\_\_\_

Address Clinton, mo Date signed 12-10-40

(Licensed Embalmer's Statement on Reverse Side)

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

39  
17-39  
X21492

19412  
99

RECEIVED

District Health Officer No. 7,

District File Number 1-41-23

Date Filed 1-3-41

**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 J. E. Consalvo

Licensed Embalmer No. 1891

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42634

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME Joe Ed Friese

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 20 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion  
Brain  
Ruptured lumbar  
fractured ribs  
fracture spine  
laceration of face

Other conditions No Collision - car  
(Exclude pregnancy within 3 months of death)  
turned over when going

Of \_\_\_\_\_: around a curve of  
highway.  
Of autopsy none had.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence Dec 8 1940

(c) Where did injury occur? Clinton mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On a Mo. State maintained highway -

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Joseph [illegible] (M. D. or other) MD

Address Clinton Mo Date signed 2-15-41

SUPPLEMENTARY

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

MOTHER FATHER

Duration 6  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

