

FILED MAR 5 1942

Registration District No. **682**

Primary Registration District No. **6834**

Registrar's No. **38**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
 (c) City or town Thayer (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Haden Frisbee

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

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

6. (b) Name of husband or wife Florence Frisbee 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug. 11 1890  
 (Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

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

12. Name William T. Frisbee

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

14. Maiden name Martha Dykes

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

16. (a) Informant Mrs. Florence Frisbee

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 10/17/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davis Cem.

18. (a) Signature of funeral director L. E. Carr

(b) Address Thayer, Mo.

19. (a) Nov. 14, 1941 (b) John E. Johnson  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16  
 year 1941 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 18 1941 to Oct 8<sup>th</sup> 1941  
 that I last saw him alive on Oct 8 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 130

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 H. B. Hull (M. D. or other) \_\_\_\_\_

Address Mammoth Spring Date signed 10/21/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number 243276

Date Filed \_\_\_\_\_

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**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.....

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, fact should be so stated above.**