

FILED MAY 5 1942

State File No. \_\_\_\_\_

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(c) Name of hospital or institution St. Joseph Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether 1 Day)  
In this community 1 Day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Donald Lee Friedrich.

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. \_\_\_\_\_

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

7. Birth date of deceased. April 13<sup>th</sup> 1942  
(Month) (Day) (Year)

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

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

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

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

12. Name Adolph Friedrich.

13. Birthplace Cooper County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Frances Racy  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Adolph Friedrich

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof April 14<sup>th</sup> 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Billingsville Cem.

18. (a) Signature of funeral director Woolman & Bolles

(b) Address Boonville, Mo.

19. (a) Apr-14-42 (b) Dr. Chas. Swab  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13<sup>th</sup>  
year 1942 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from Apr 12 1942 to Apr 13 1942  
that I last saw him alive on Apr 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of brain

Due to Birth Trauma

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

Other conditions (Include pregnancy within 3 months of death) 1600

Major findings: Of operations none

Of autopsy none

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)

(b) Means of injury \_\_\_\_\_

23. Signature T. C. Beckett M.D. (M.D. or other)

Address Boonville, Mo Date signed 4-13-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-4-42

**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. H. Goodman  
Licensed Embalmer No. 1178  
P. O. Address Boonville, 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, fact should be so stated above.**