

FILED JUN 10 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 403

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community 16 Days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112
(c) City or town Marshfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1942 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from
5-9 1942 to 5-24 1942
that I last saw him alive on 5-24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial failure Duration 3 weeks
Due to: arteriosclerotic heart disease 2 years

Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 938

PHYSICIAN
Underline the cause to which death should be charged statistically.
autopsy: not done

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) Means of injury 0
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 5/26/42

3. (a) PRINT FULL NAME Peter Frein

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X 1/2 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Apprx 82 Months Days If less than one day hr. min.

9. Birthplace Boos 4 Germany (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Matthias Frein 4

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

14. Maiden name Anna Mary (Unknown)

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

16. (a) Informant Rev. J. Frein

(b) Address Webster City, Iowa

17. (a) Burial (b) Date, thereof May 28, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo. 5th & N. 4th

19. (a) 5-26-42 (b) [Signature] (Date received local registrar) (Registrar's signature)

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

39
20
6

984

W/3

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. 2457

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.