

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30689

FILED OCT 9 1942  
Registration District No. 1771

Primary Registration District No. 5-639 3034

Registrar's No. 56

54  
2  
1

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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 Carrie Louise (Fasse) Frede

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex F. 5. Color or W.

6. (a) Single, widowed, married, Widowed  
2 divorced

6. (b) Name of husband or wife August Frede

6. (c) Age of husband or wife if dead years

7. Birth date of deceased Sept-28-1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Steinhagen Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper (Retired)

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

MOTHER FATHER { 12. Name Don't know

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

14. Maiden name Don't know

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

16. (a) Informant Arthur Fred

(b) Address Higginsville Mo. Rural

17. (a) Burial (b) Date thereof Oct-2-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evg. Cam. Higginsville

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Higginsville Mo.

19. (a) Oct-1-1942 (b) Mrs. W. J. Baker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Higginsville-Rural 2  
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1942 hour 6 minutes 15 M.

21. I hereby certify that I attended the deceased from Sept. 26-1942  
and that death occurred on the date and hour stated above.  
19 to Sept. 30-1942

I last saw him alive on Sept-29- 1942

Immediate cause of death Cerebral hemorrhage  
Duration \_\_\_\_\_

Due to Unknown

Due to 83a

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

PHYSICIAN \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? MO.

(e) Means of injury \_\_\_\_\_ (Specify type of place)

23. Signature John B. Willis M.D. (M. D. or other) \_\_\_\_\_  
Address Madison Mo. Date signed 9/30/42

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 10-8-42

*M. J. Baker*

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.....

*Assisted by F. G. Hofer*, Registered Apprentice No.....  
working under my personal supervision.

Signed... *Arthur A. Hofer*

Licensed Embalmer No. *5319*

P. O. Address *Nigginicee Md*

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.