

FILED MAR 8 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 214

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

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1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos. 4 das.
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT ALICE HILL FREDRICKSON
FULL NAME

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed Divorced Widowed
6. (b) Name of husband or wife Oscar Leonard Fredrickson 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 14, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 9 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Folger
13. Birthplace Carrollton, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Frances Hill
15. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 1-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cem., Carrollton, Mo.

18. (a) Signature of funeral director Willis Marshall Fun. Home

(b) Address Carrollton, Missouri

19. (a) Feb. 19, 1943 (b) Burdie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7,
year 1943 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 7,
1943 to Jan. 7, 1943;
that I last saw her alive on Jan. 7, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration 7 mos.

Due to Psychosis, Senile

Due to _____

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

Major findings: Of operations _____

Of autopsy No autopsy.

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) _____
(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? _____

23. Signature Dr. M. Schudde (M. D. or other) _____
Address State Hosp. Farmington, Mo Date signed 8-43

1196

RECEIVED

District Health Officer No. 4

District File Number 343-1834

Date Filed 3-5-43

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 Burl J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.