

Registration District No. _____

Primary Registration District No. 5366

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

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 31

(a) State Mo (b) County Daviess 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Marion Twp
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mary Alice Frost

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from 1942
19 42 to May 21 19 43
that I last saw h. E. alive on May 20 19 43
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Frost (Decd)

6. (c) Age of husband or wife if alive 8 years
(Day) (Year) 1857

7. Birth date of deceased: Sept (Month) 8 (Day) 1857 (Year)

Immediate cause of death _____

Due to Cerebral Hemorrhage 194

Due to _____

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

8. AGE: Years 85 Months 08 Days 13 If less than one day _____ hr. _____ min.

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

Major findings: arteriosclerosis

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Long

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Alfreda Essix

15. Birthplace Not K own 9
(City, town, or county) (State or foreign country)

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature John J. Taylor (M-D. or other) 9/21/43
Address Pattonburg Mo Date signed 9/21/43

16. (a) Informant W.F. Frost

(b) Address Pattonburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/43
(Month) (Day) (Year)

(c) Place: burial or cremation Civilbend, C.

18. (a) Signature of funeral director Ed Stamer

(b) Address Pattonburg, Mo.

19. (a) 5-24-43 (Date received local registrar) (b) G. J. Johnson (Registrar's signature)

1084

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.....

G. Schomer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.